03578

	20	00	CE	KIIFIC	AIE OF	DEAII	Н		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	ington			MARYLAND	2. USUAL R	esidence (w	here decease	d lived. If institut b. COUNTY		hie before		
RURAL ond give	(If outside corporate limi	ts, write	c. LENGTH OF	STAY IN 16	c. CITY	OR TOWN (IF	outside corpo	tome.		give near	est town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, c					T ADDRESS		ac St.		e		PDENCE FARM?
3. NAME OF DECEASED (Type or print)	Maggie		avinis	Aiddle A]	bert	Lost	4. DATE	March	1th 23	Day		Year 19 59
5. SEX Female	6. COLOR OR RACE White	WIDOWE	DIV	ORCED		12, 18	383	9. AGE (In years lost birthdoy) 76 yrs.	Months	Days Days		
House	ION (Give kind of work king life, even if retired	done 10b.	Own	Home	Ca	rroll	Coun	ty Md.			WHAT	COUNTRY
13. FATHER'S NAME	John Eiser	hart			14. MOTHE	R'S MAIDEN I	lary	Wilt		4		
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURIT		INFORMANT	ו מיד פ	rite l	Add Moore	ress Hag.	Md		
	the under-	(Oa	Asslands	telection.	Count	anto	tric	lure.	ر		RVAL 8E T AND	
	THER SIGNIFICANT CON	DITIONS C	ONTRI UJING T	O DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PAR		PERFO	AUTOPSY RMED?
	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJU	JRY OCCURRI	ED. (Enter notur	e of injury in	Port I or Por	t II of item 18.)				
Y 20c. TIME OF INJU Hour a. ji. p. m.		20d. IN While of work	Not while at work	D 20e. Pl	LACE OF INJUR	Y (Home, form fice bldg., etc	n, 20f. (City	or town)	(0	County)		(Stote)
alive on 3.23.59 ACTUAL SIGNATURE	hat lattended the	decease 19 19 ang			, M.D	at 515	Pot	n the causes of treet, city or town, omac St.	and an th	last sav	w the state	decease d above TE SIONE
220. BURIAL, CREMATION REMBYALLS	ON, 226. DATE THEREC				Cemet			TION (City, town, o			(Stote)
23. FUNERAL DIRECTOR SCOTT F.	r's signature Minnich &	Sc	ADDRESS In Hage	rstow	m Md.	24a. RBQ	AKBY3REGISE	RAR 246. REGI	STRAR'S SIC	SNATURE	4	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 funeral director, build be filed with the othending physicion and completely filled Then please remove Cechan popers. Pages 1 and within 72 hours often death. ined by the hospitol or ottending physicion.

CIOR: After this certificate has been signed by the ottending the detached for use as the buriol-transit permit. Then please reprior to burial, cremotion, or removal, and in any event within 72g. TO HOSPITAL OR may be retained by TO FUNERAL page 3 should the registror prior

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VS A15 (4) 15M 10/57

23. FU

1	2200	MENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH
director,	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE Md. b. COUNTY
unerol Id be	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If nat in haspital, give street address) OR HYSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURA Hagerstown d. STREET ADDRESS
d no	Wash. Co. Hospital 3. NAME OF First Middle DECEASED (Type or print) Elva May	losi 4. DATE Month OF Alter DEATH 3
completely filled	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 29, 1893 9. AGE (In years lift birthday) 65 yrs.
on poper	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if refired) housewife home	State Line, Pa.
physician and smave corbon hours ofter de	James Vernon Bower	14. MOTHER'S MAIDEN NAME Maggie Walk
	(Yes, no, or unknown) (If yes, give wor or dates of service) none	Ira D. Alter Hagerstown, A
ng physicion. e hos been signed by the attending buriol-transit permit. Then please remaval, and in any event within 72	18. CAUSE OF DEATH [Enter only one cause per line far (a). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	
itol or attending this certificate or use os the bu cremation, or re	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	ED. (Enter noture of injury in Part I or Part II of item 18.) **LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, affice bldg., etc.)
toined by the hospi ould by Setoched for or prior to buriol, o	21. I certify that I attended the deceased fram. All alive on alive on 1957, and that deat ACTUAL SIGNATURE ARE PHYSICIAN'S	Jaccurred at Sico P. M., from the causes and ADDRESS (Street, city or town, state HAROLD H. GIST, M. 111 North Potomac
NERAL 3 shou	NAME (Typo) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	Hagerstown, Maryk OR CREMATORY 22d. LOCATION (City, town, or cr

03579

Reg. Dist. No.

W	ashington		м	ARYLAND	a. STATE	Md.	iere deceased	b. COUNT			re odmiss	ion)
CITY OR TOWN (IF RURAL and give nec lagerstow	•	ts, write	c. LENGTH OF S			TOWN (If o		rote limits, write	RURAL onc	give nec	rest town	•)
NAME OF HOSPITA OR INSTITUTION Vash. Co.	AL (If not in hospital, g	ive street			d. STREET	ADDRESS	n Ave.	,				FARM?
ME OF CEASED pe ar print)	Elva	st	Ma Ma	ddle L y	Alt		4. DATE OF DEATH		nth 3	Da	9	Year 19 59
emale	6. COLOR OR RACE white	7. MARR	DIVO	RCED	B. DATE OF BIRT		3	9. AGE (In years last birthday) 65 yrs		R 1 YEAR Days	Haurs	ER 24 HRS. Min.
SUAL OCCUPATION works house	N (Give kind of wark on the life, even if retired Wife	dane 10b.	KIND OF BUSINES				ar fareign co Line,		12. C	US.		COUNTRY
THER'S NAME Jame	s Vernon B	ower			14. MOTHER'S		e Walk					
AS DECEASED EVER 0. or unknown) (1	IN U. S. ARMED FOR I yes, give wor or dates of s	CES? 16.	none		ra D. Al	ter	Hag	gerstown	, Md.			
PART I. DEAT	TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o		e far (a). (b). and	(c).]						INTE	RVAL BE ET AND	
Conditions, if an gove rise to im ause (a), stating the ying cause last. PART II. OTHI	mediate (0	ontributing to	li z	NOT RELATED TO	net out	MAL DISEASE	LLS E CONDITION G	L IVEN IN PA	RT 1(a) 1	PERFO	AUTOPSY IRMED? NO [Z]
o. ACCIDENT WAS R CONTRIBUTING I E EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJUR	Y OCCURRE	D. (Enter noture o	of injury in F	Part I or Part	II of item 18.)				
t. TIME OF INJURY Havr a. m. p. m.	Month, Day, Yes	While at work	Nat while at wark	20e. PL fo	ACE OF INJURY (ctary, street, affic	Home, farm e bldg., etc.	, 20f. (City	or town)		(County)		(State)
LI certify the	at I attended the	decease 195		hat death	4 , 1958 accurred at	8:00 t			and an . state) M. D		te state	deceased ed abave. ATE SIGNED
URIAL CREMATION EMOVAL (Specify) DURIAL	3-5-59	F	22c. NAME OF C	EMETERY O				ION (City, lawn,	or county)		Md.	e)
NERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGIST	RAR 24b. REG	ISTRAR'S S			
ed W. Kra	iss Hag	erst	own, Md.			DATMAR	5 '59	an	Una S.	Thank		

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3657 CERTIFICATE OF DEATH

(1358))
Reg. Dist. No.

		J.						Keg. Dist. N	0.
1. PLACE OF DEAT o. COUNTY	ASHINGTON		MARYLAI	ND O. ST	AL RESIDENCE (WATE	Vhere deceased	4	on: Residence be	
	'N (If outside corporate lim re nearest town) STATE (its, write	c. LENGTH OF STAY IN	16 c. CI	OLLAR	SPRING		URAL and give n	rearest town)
d. NAME OF HO OR INSTITUTI	STRUET	give street	oddress)	d. 53	REET ADDRESS	rree'r			e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	HOMARD	rst	Middle HDWIN	AUKE	Last NEY	4. DATE OF DEATH	Mon		Day Year 20 19 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	3 / -	PE BIRTH	9	. AGE (In years lost birthdoy) yrs.	Months Doys	AR IF UNDER 24 HRS Hours Min.
ouring most of	ATION (Give kind of work working life, even if retired HEPPR	1)	KIND OF BUSINESS OR II	M.	BIRTHPLACE (SHOW)	ntry)	U.S.	OF WHAT COUNTRY A.
	N. ANKENE	Y		14. MC		and the state of			
15. WAS DECEASED [Yes, no. or unknown]	EVER IN U. S. ARMED FOI (II yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY NO.	RS.	A WARREST AND A SECOND	KEVEY	Add		ING, ND.
Conditions, gave rise t cause (o), stat lying cause I	Conditions, if ony, which gave rise to immediate cause (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)									
(IF EITHER, NO									
20c. TIME OF IN Hour o. p.	10	ar 20d. It While of worl	Not while	e. PLACE OF IN foctory, stree	JURY (Home, for t, office bldg., et	m, 20f. (City o	r town)	(County	r) (State)
21. I certify alive an ACTUAL SIGNATURE	that I attended the	decease 19	ed fram/lov, 2, and that de	7	958 to 11 de de de 17 de la 17		7	ind an the d	saw the decease ate stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	David	K	Brev	ver			/	/	
PURLLAL		9	ST. PAUL		ORY LTERY		ON (City, town, o	RING, MD	(Stote)
23. EUNERAL DIRECT	DR'S SIGNATURE	CLE	ADDRESS LAR SPRING,	ID.	24a. REC	O BY REGISTRA		STRAR'S SIGNATI	

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	TOTAL AND STREET OF STREET	
		A VIII COMPANIES

	358	7	CERT	IFICAT	E OF DEA	TH		The same	Reg. Dist. N		N O O O
1. PLACE OF DEATH a. COUNTY Wash	ington		MAR	YLAND 2.	USUAL RESIDENCE	(Where deced	h	COUNTY	Residence bel		
	autside carporate lim	its, write	LENGTH OF STAY		c. CITY OR TOWN	(If outside cor					
CO INICITII ITIONI	At (If not in hospital, of E. Washing				d. STREET ADDRES	SS	ingt	on		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ernon		Middle arshall		htell	4. DATE OF DEAT		Month	7	Day	Year 19 59
5. SEX Male	6. COLOR OR RACE White	WIDOWED	DIVORC	ED Au	ATE OF BIRTH	, 1891	. 6	irthday)	Manths Days	R IF UN	DER 24 HRS.
during most of work	N (Give kind of work ing life, even if retired LOI	dane 105. Ki			Smith		Md.		1	OF WHA	AT COUNTRY
13. FATHER'S NAME	lia Unama			1	4. MOTHER'S MAID						
	lis Uperd			117 11/10		ce Bac	htel				
15. WAS DECEASED EVER	If yes, give wor or dates of s	ervice)	4-09-55		rs. Cot	tia Mi	ller	Addres	ersto	1	7.3
420.0 Canditians, if an gave rise to in cause (a), stating t lying cause last.	he under-)	ne Sclin	tic / v	ean Du	sosse u	ihus	myce	andred 1	o y	D DEATH
Z Z	ER SIGNIFICANT CON								I IN PART 1(o)	19. WAS PERF YES	ORMEDZ
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	ZUD. DESCR	IRE HOM INJURY (OCCURRED. (E	inter nature of injur	y in Part I or P	art II at ite	m 18.)			
20c. TIME OF INJURY Haur a. ji. p. m.		or 20d. INJ While at wark [Not while at work	20e. PLACE factory	OF INJURY (Home, , street, office bldg.	farm, 20f. (C	ity or tawn)		(Caunty)	(Stote)
actual SIGNATURE	Fin	deceased 1257 1254 usby		t death oc		ADDRESS	om the constraint (Street, city	1947, auses and or town, sta mac S Md.	ote)	ate stat	e deceased ted above DATE SIGNEE
22a. BURIAL, CREMATION REMOVING (\$25)	3-9-59)F	Smiths		EMATORY Cemeter:			y, lawn, or		(Sto	ate)
Scott F. N	signature Minnich &	Son	ADDRESS Hagers	town	MAG	AR 9 '5		-	AR'S SIGNATI		1

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VS A15 (4) 15M 9/55

i	3658 Item 8 Films CERTIFICA	TE OF DEATH	13582 Reg. Dist. No.
)	1. PLACE OF DEATH Washing ton MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If is a. STATE Maryland b. Co	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) and Carcock Company of the Com	c. CITY OR TOWN of aytside corporate limits,	write RURAL and (aire news) (awn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hauesik Rest Home	d. STREET ADDRESS 204 Washing to	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) See First Harry Middle B	Lost 4. DATE OF DEATH 3/2	Month Day Year
	male W WIDOWED DIVORCED	3. DATE OF BIRTH 1866 9. AGE (In light birth	years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done of the property of the late of th	Headsville (MV	12. CITIZEN OF WHAT COUNTRY
	Ses W Bane	Sand Hed	Hadsnelle
	(Yes, no. or unknown) (If yes, give wor or dates of service) 70 ml	is Nelle Bone &	of Brok St. Charles
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) Y PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Febrosio	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-		
	lying couse last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION	DN GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part 1 ar Part 11 of item	
	20c. TIME OF INJURY Month, Day, Year Hour a. jt. While Not while of work at work	CE OF INJURY (Hame, farm, 20f. (City or town) ary, street, affice bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from	2 69 //	9,that I last saw the deceased
-	SIGNATURE A.E. Talela	ADDRESS (Street, city or	town state) DATE SIGNED
	PHYSICIAN'S HETable MA		
	220. BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Mainsolaun Decomber	land med
	Lavis Sten In Cunt M	240. REC'D BY REGISTRAR 24b	Cirtus & Hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF BEATU

03583

3659	CERTIFICA	AIE OF DEATI		Reg. Dis	t. No.
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylar	9 6		e before admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)		c. CITY OR TOWN (IF		its, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give	5 Months	Hagerstown	1 0,5		
Gateway Convelesen	. 97	d. STREET ADDRESS	Washing	ton Stree	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) John Wes]	Middle	Barnes	4. DATE OF DEATH ME	Month	9 Year 19 59
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	YEAR IF UNDER 24 HRS.
	DOWED DIVORCED	August 18,	1865 93	birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	-	34	wasn.	. Co.	ZEN OF WHAT COUNTRY
IS, FATHER'S NAME	Retited	Maugans V		1.	.S.
Thornton Barnes		Mary		lpple	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes no or unknown) (If yes, give wor or dates of service)	0	Raymond W.E	Barnes 17	309 ^{Ad} Virgi	nia Ave
Conditions, if ony, which gove rise to immediate couse (a), storing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE COND	TITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO N
	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	em 18.)	
Hour o. m.	20d. INJURY OCCURRED While Not while it work of work	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	n, 20f. (City or town	1) (Co	ounty) (Stole)
21. I certify that I attended the decolive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		5 , 1958, to 10 accurred of 130	May 91. My from the condition of the co	causes and an th	e date stated above DATE SIGNET
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3-12-59	22c. NAME OF CEMETERY O		7	ity, tawn, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman	40.E.Antietam	24n PEC	D BY REGISTRAR	246. REGISTRAR'S SIG Carthung L.	4

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

3589

302 Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY	ashington		MARYLA		o. STATE Mary	_	ed lived. If institution b. COUNTY	Washin		
b. CITY OR TOWN RURAL and give Hagerstow		its, wrile	c. LENGTH OF STAY IN	J 16	c. CITY OR TOWN (IF	outside corp		URAL ond give n	earest for	wn)
d. NAME OF HOS	PITAL (If not in hospital,		oddress)		d. STREET ADDRESS 836 Rose H				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	GEERGE	rsl	FREDERICK		BLOOM	4. DATE OF DEATH	March	th C	Pay	Year 19 59
s. sex	6. COLOR OR RACE	7. MARS	NEVER MARRIED DIVORCED		ATE OF BIRTH	1893	9. AGE (In years lost birthdoy)	Months Doys	R IF UN	-
10a. USUAL OCCUPA during most of w Grocen 13. FATHER'S NAME	TION (Give kind of work rorking life, even if retired)	KIND OF BUSINESS OR	5	Hagerston	n, Ma		12. CITIZEN	OF WHA	
	Frederick Ma	rtin	Bl com			fary B	nkom			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.		17. INFO		MI Y D	Addr	ess		
(Yes, no or unknown)	(If yes, give wor or dates of	service)		Mrs	Mabel L.	Bloom	Hagers	town.	arv]	and
Conditions, if gave rise to couse (a), statin lying couse los	immediate DUE TO)					<i>'</i>			
PATTIL OF CONTRIBUTION OF CONTRIBUTION (IF EITHER, NOTI	abeter /	PI	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o)		ORMED
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Po	rt II of item 18.)			1
WE OF INJ. Hour o. m. p. m.	10	While	NJURY OCCURRED Nat while k of work	De. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (Cit	y or town)	(County)	(Stole)
21. I certify alive an Z	that I attended the	decease 192		eath ac	. 1952 to 7 curred at 8 40,	AM, fro			ate sta	
PHYSICIAN'S NAME (Type)	FFLUSE	1/1			Hayen	5m	MI	*************	Ma Ma ajo dia ma ma	
220. BURIAL, CREMAT REMOVAL (Special Burial	fy) — d — d	59	Rose Hill				TION (City, town, o			ote)
			ADDRESS	COME		D BY REGIS	TRAR 246. REGIS	TRAR'S SIGNATI	ylar JRE	d
Suter-Rouz	er Funeral	Home	Un constam	Ma	DATEMA			Chun S. The		

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	Service Control of the Control of th	A prostructure.	eng'i Jassimi'i	T.RIOH-INCH
THE RESERVE TO SERVE THE PARTY OF THE PARTY				

15M 10/57

	2030 CERTIFICATE OF DEA	Reg. Dist. No. 302
M	o. COUNTY o. STATE	E (Where deceased lived. If institution: Residence before admission by COUNTY Frenklin
	RURAL and give nearest town)	N (If outside corporate limits, write RURAL and give nearest tawn) Chambersburg 75 X
.81	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital R.F.D.	e. ts RESI ON A
	3. NAME OF DECEASED (Type or print) Baby Boy Brechbill	4. DATE Month Doy Y OF DEATH March
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED March 20,	1959 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1959 Months Days Hours
		town, Maryland U.S.A.
1	13. FATHER'S NAME He nry Brechbill 14. MOTHER'S MAII	Joann Dice
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or doles of service) no	rechbill Chambersburg, Pa.
	18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	INTERVAL BET ONSET AND
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inju OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS A PERFOR
		ry in Port 1 or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while at work at work at work at work at work.	form, 20f. (City or town) (County)
	21. I certify that I attended the deceased from Merch 20, 1957, to alive an March 21, 1957, and that death accurred at 9.5	Amarch 21, 1957, that I last saw the courses and an the date state
	ACTUAL J. D. Dove J. M.D.	ADDRESS (Street, city or town, state) DA
/	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date Thereof 3/23/1959 New Guilford Cemetery	22d. LOCATION (City, town, or county) (Stote New Guilford Pa
	23. FUNERAL DIRECTOR'S SIGNATURE Barbour Funeral Home Chambersburg, Pa. 240.	REC'D BY REGISTRAR 2459 246. REGISTRAR'S SIGNATURE CARLLY & Thomas

208/191XV2

DEDD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIFICATE OF DEATH

03586

e. IS RESIDENCE ON A FARM? YES NO Year 19 59

Reg. Dist. No. 302 ion: Residence before admission)

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A.

ersburg, Pa. INTERVAL BETWEEN ONSET AND DEATH VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? (County) (State) J., that I last saw the deceased and an the date stated above. stote) DATE SIGNED or county) (Stote) Pa. ISTRAR'S SIGNATURE arthur S. Ferans

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	brolling and a gradened	To Charles	9/23/2/2	Γ
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VS A15 (4) 15M 10/57

8

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
3591	CERTIFICATE	OF DEATH	

()	3	5	8	8
	_			

	359		CERT	IFIC	ATE OF [DEATH	1		Reg. Di	ist. No.	302	
1. PLACE OF DEATH a. COUNTY	shington		MAR	YLAND	2. USUAL RESI		land	lived. If instituti b. COUNTY	on: Resider		re odmiss	ion)
RURAL ond give	owh		c. LENGTH OF STAY	IN 1b	12-	TOWN (If o		ote limits, write R	URAL ond	give nea	rest town)
OR INSTITUTION	ston County				704		HIL AV	re.				FARM?
3. NAME OF DECEASED (Type or print)	PHILIP	rst [HAMAKER.		BREHM	st .	4. DATE OF DEATH	March	oth	23		Year 19 59
5. SEX	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRT			9. AGE (In years lost birthdoy) 9 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT during most of wo Retired Co	TION (Give kind af work prking life, even if retired offee Merch	done 10b.	self Empho				or foreign co			U.S.		COUNTRY
	Philip W. B				14. MOTHER'S			lamaker				
15. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FO (If yes, give wor or dates of	service)	SOCIAL SECURITY NO		Miss. Mil	ldred	Brehm	Hager		, Md		
ž // .	immediate g the under. DUE TO	A	e 1		1	THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR	RT 1(0) 15	PERFO	AUTOPSY PRMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	THOM INJURY C	CCURR	4- 40	of injury in f	Port 1 or Part	Il of item 18.)			YES 🗍	NO B
20c. TIME OF INJU Hour o. m. p. m.		While	Not while at work		LACE OF INJURY foctory, street, office			ar town)	(County)		(Stote)
alive an M ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dola Woyd	19.5			1959. h accurred at.	4:55	4.M, fram	the causes of cert, city or town,	and an t		e state	
220. BURIAL, CREMATION REMOVAL (Specify	3/26/19	59	Norland			,	The second second	ON (City, town, o			(State	
23. FUNERAL DIRECTOR	1	agers	town, Md.				BY REGISTR		STRAR'S SI			

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VS A1S (4) 1SM 10/S7

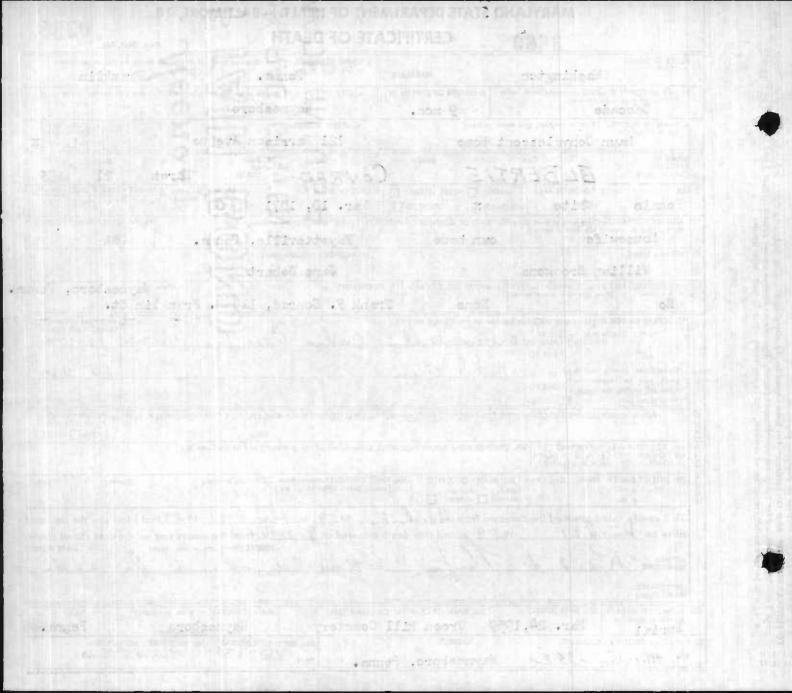
MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
3592	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

113588 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 7 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport Maryland RFD #1
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Western Maryland State Hospital	d. street address Downsville e. is residence on a farm? yes \(\) No \(\)
3. NAME OF DECEASED (Type or print) Solution (Type or print) Solution (Type or print)	1939
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	June 19 1879 79 yrs. 8 Pys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during most of working life, even if retired) Labor Labor Labor	NDUSTRY 11. BIRTHPLACE (Stole or foreign country) Clearspring Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME William Buharp	14. MOTHER'S MAIDEN NAME Betty Knavel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of No. (If yes, No. or dates of service) 16. SOCIAL SECURITY NO. 215 09 7335	Mrs. Bessie Buharp Williamsport Md RFD
couse (a), stating the under- lying cause last.	IC CARCINOMA OF LUNG 2 YEARS
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO JRRED. (Enter nature of injury in Part I or Part II of item 18.)
	e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or tawn) (County) (State)
21. I certify that I attended the deceased fram FEB, alive on MBR. 5. 19.59, and that de SIGNATURE GEORGE BERCV PHYSICIAN'S DR. GEORGE BERCV	2, 1959, to MAR. 5, 1959, that I last saw the deceased eath accurred at 5.45 P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, store) M.D. 1500 PENNSYLVANIA AVE 3/5/59 HAGER STOWN MARVLAND
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER BURIAL (Specify) March 8-59 Greenlawn	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23 THEREN DE LE CONTROL DE LE COMPANY DE LE	Morrand 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEMAR 9 159 Outling & Kroue

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1. PLACE OF DEATH O. COWnington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) Hagerstown 5 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR Washington County Hospital	d. street address 1408 Sherman Ave. e. is residence on a farm? yes \(\text{NO} \) NO
3. NAME OF DECEASED (Type or print) Jay First Richard Coon	18 Lost 4. DATE Month Day Year 22819 59
	Mar. 22, 1959 lost birthdoy) Months Dogs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None None	Hagerstown 11. BIRTHPLACE (Stote or foreign country) Hagerstown 12. CITIZEN OF WHAT COUNTRY. U. S. A.
Joseph R. Coons	14. MOTHER'S MAIDEN NAME Virginia Henry
New an advantage of the state o	NFORMANT Address NFORMANT Address Address Hagerstown Md.
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	D. (Enter noture of injury in Port I or Port II of item 18.) ACE OF INJURY IHome, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	occurred of 4' WA-M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) M.D. 145W. Workington 3/28/19 MO Hazurton MJ
220. BURIAL, CREMATION, 3-28-59 220, NAME OF CEMETERY OF ROSE HILL	
Scott F. Minnich & Son Hagerstown	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEMAR 3 0 '59 Cirthury S. Kraus

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к е ь .	ingerston.	James		anom.
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CERTIFICATE OF DEATH

302 Reg. Dist. No.

03591

	000	2 CERTIFICA	TIE OI DEATI		Reg. Dist. No. 302
o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary:	here deceased lived. If institution b. COUNTY	in: Residence before admission) Washington
RURAL ond g		2 days		outside corporote limits, write RU	
OR INSTITUT	OSPITAL (If not in hospital, give stre- ION County Hospi		d. STREET ADDRESS / Fairplay I	R.F.D. #1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLES First	WILMER	DAV IS	4. DATE Mont	15 19 59
s. sex		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH September 2	lost highdays	IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min
10a. USUAL OCCU during most of Labores	PATION (Give kind of work dane 10 working life, even if retired)	b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUN
13. FATHER'S NAM	Edward L. Davi	.8	Julia Rol		46
1S, WAS DECEASEI (Yes, no, or unknown)	DEVER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)		Mrs. Rosie M	. Davis Tighx	Tilghmanton, Md
	DEATH [Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ting for (o), (b), and (c).]	1 Fara	u Booi	INTERVAL BETWEEN ONSET AND DEATH
gove rise	if any, which to immediate ting the <u>under-land</u> DUE TO				1
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPS

2504

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Hour a.m.

p. m.

20d. INJURY OCCURRED Day, Year While Not while at work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(State)

PERFORMED?

YES NO

21. I certify that I attended the alive an_

and/that death accurred at

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

M, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

that I last saw the deceased DATE SIGNED

ACTUAL PHYSICIAN'S

Ralph Young NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF Burial (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Tilghmanton, Md.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Funeral Home

ADDRESS Hagerstown, Md.

Manor Cemetery

240. REC'D BY REGISTRAR DATE MAR 1 8 '59

24b. REGISTRAR'S SIGNATURE arthur S. House

TO FUNERAL DI page 3 should be the registror prior to VS A15 (4) 15M 10/57

After this certificate has beed for use as the burial-

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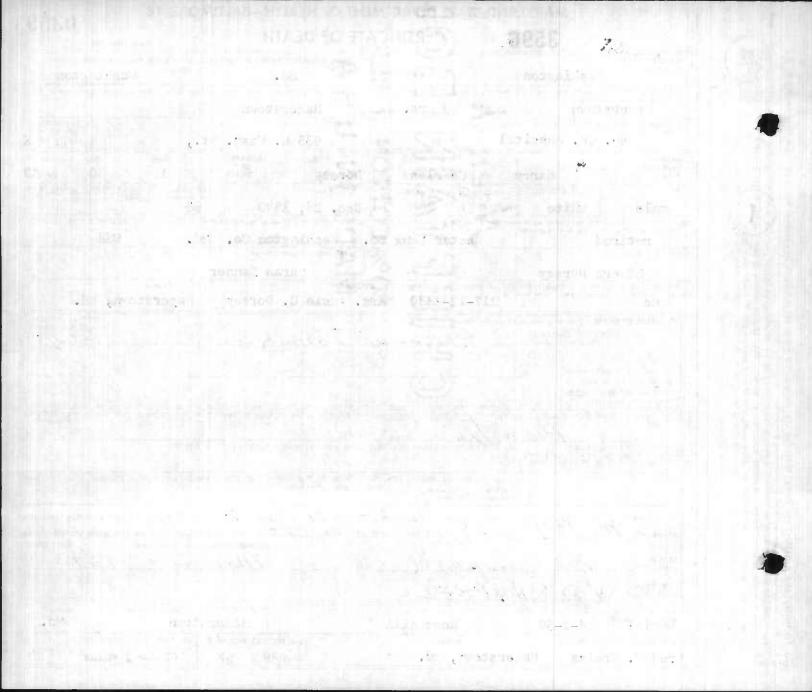
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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 250E

CERTIFICATE OF DEATH

	0000	CERTITIO	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institut b. COUNTY	ion: Residence before admission) Washington
b. CITY OR TOWN (IF RURAL ond give nec Hagers		c. LENGTH OF STAY IN 1b 2 hrs.	c. CITY OR TOWN (If o	utside corporate limits, write F	(URAL ond give nearest town)
d. NAME OF HOSPITA OR INSTITUTION Wash.	Co. Hospital	reet address)	d. STREET ADDRESS 935 W.	Wash. St.,	e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{X}
B. NAME OF DECEASED (Type or print)	First Harry	Middle Charles	Dorsey	4. DATE Mor OF DEATH 3	Day Year 30 19 59
s. sex male		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Dec. 28, 189	9. AGE (In years lost birthdoy) 68 yrs.	Months Doys Hours Min.
retire	ing life, even if retired)	10b. KIND OF BUSINESS OR INDU Bester Long C			12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	d Damage		14. MOTHER'S MAIDEN N	Danner	
IS. WAS DECEASED EVER	d Dorsey IN U. S. ARMED FORCES? If yes, give war or dates of service)		INFORMANT rs. Annie C. D	Add	rstown, Md.
Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO (y, which neediote he under-	per line for (o), (b), and (c).]	Throus		INTERVAL BETWEEN ONSET AND DEATH ONSET AND VISTOR
ZOO. ACCIDENT WAS	Diab	DESCRIBE HOW INJURY OCCURRE			VEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
_	MEDICAL EXAMINER) Month, Doy, Year 20	0d. INJURY OCCURRED 20e. P. ft. 20e. P. ft	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (State
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the dec	-0	h accurred at <i>Liff_Ct</i>	M, fram the causes ar ADDRESS (Street, city or town,	that I last saw the decease and an the date stated abave stote) DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) DUTIAL	4-2-59	22c. NAME OF CEMETERY C Rose Hill	OR CREMATORY	22d. LOCATION (City, town, Hagerstown	or county) (State) Md.
23. FUNERAL DIRECTOR'S		ADDRESS			ISTRAR'S SIGNATURE
Fred W. Kr	alss Hager	rstown, Md.	DATE	12 '59 On	Thur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TE			37	9	TE EXAMINATION	CERTI	IIICA	- OI L	, p. 7111	Reg. Dist. N	. 302
PT.		PLACE OF DEATH	shington		MARYLA	O STATE	ESIDENCE (V		lived. If institu	ution: Residence b	
		ond give recreit town	autside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN	16 c. CITY O		outside corpor		RURAL and give	neorest fown)
0	-		L OR INSTITUTION	If not in he	ospital, give street address)		ADDRESS	Street			ON A FARM?
		NAME OF DECEASED (Type or print)	LULA Fir	at	Middle EIIIA	DRURY		4. DATE OF DEATH	March	10	Y Yeor 19 59
	5. 5	Female	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED [DIVORCED [8. DATE OF BIRT		- 1	AGE (In years fast birthday) 74 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
	10a	during most of working Housewife	g life, even if retired)	done 10b.	KIND OF BUSINESS OR IN			or foreign cou		12. CITIZEN	•A •
1		FATHER'S NAME	Cornelius			14. MOTHER'			a Brenn	er	
	(Yat	WAS DECEASED EVE	R IN U.S. ARMED FO If yes, give war or dates of		none	7. INFORMANT Mrs. Jo	hn Wor	rthingt	Address Ha	gerstown	, Maryland
V		Conditions, if as gave rise to immed (a), stating the scouse lost.	liate cause)			(0	harring			
0	CATION		None		ONTRIBUTING TO DEATH B					EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	1 CERTIF	200. EXTERNAL CAL PRIMARY 2 or CON CAUSE OF DEATH.		Clot	hing caught f	ire when	can w	ith gas	oline i	n it exp	loded
21	MEDICAL	5 100 p.m.	March10	_ Whi	INJURY OCCURRED 20e.	PLACE OF INJURY foctory, street, office Home	(Home, form te bldg., etc.) ;	gerstow	(County)	(Stote)
					remains described causes [], Acciden					Inquiry [
		ACTUAL SIGNATURE	, Robe	72	velly	M.D.	MEDICAL EX				DATE SIGNED
2		EXAMINER'S NAME (Type)	S. Ro	bert	Wells, M.D.			AL EXAMINER [March 1	1,1959
	220	BURIAL CREMATIO REMOVAL (Specify) Burial	3/13/195	9	Rest Haven				on (City, town,		(Stote) Maryland
2	23 S	FUNERAL DIRECTOR	r Funeral	Home	ADDRESS Hagerstown	Maryland	240. REC	R 1 6 '59		thun S. Kra	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please 5M 2/57

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har res	nicht auge	nevan dee	
	TOTAL SECTIONS OF SERVICES	eministro e	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be raided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained our files.

TO FUNERAL LACTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State 8s, of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35 OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0000				Keg. Dist. No. 302
PLACE OF DEATH					rtion: Residence before admission)
	shington	MARYLAND	o. STATE Mary	land b. COUNT	Washington Washington
b. CITY OR TOWN (III and give nearest town	f outside corporate limits, write RUI	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest fown)
Hagerst		10 years	0.3 Ha	gerstown	
		I in hospital, give street address)	d. STREET ADDRESS	gor a powit	e. IS RESIDENCE
323 Ridge			/ 323 Ridg	e Ave.	YES NO
3. NAME OF DECEASED (Type or print)	HOWARD First	Middle E	CHELBERGER	4. DATE Month	Doy Year 13 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years	IFUNDER TYEAR IF UNDER 24 HRS.
male	white w	DOWED DIVORCED	April 5, 191	2 tost birthday)	Months Days Hours Min.
On USUAL OCCUPATION	ON (Give kind of work done	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Electrical		Railroad	Hagerstow	n, Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
John	L. Eichelberg	zer	Rhod	a Shrader	
	ER IN U. S. ARMED FORCES		NFORMANT	Address	
	(If yes, give war at dates of service	(1)	irs. Lavada E		Hagerstown, Md.
18. CAUSE OF DEA	TH [Enter only one cause p	per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	A cout - Occord			ONSET AND DEATH
420.1	DUE TO	Acute Corona	ry occlusion		
Conditions, if a					
gove rise to immed					
couse lost.	(c)				
Z PART II. OTH		ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM!	NALDISEASE CONDITION GIV	EN IN PART 1/01/19 WAS AUTORSY
	none				PERFORMED?
D SYTERNIAL CAL		ESCORE HOW BUILDY OCCURRED IN			YES NO K
PART II, OTH	NTRIBUTING []	ESCRIBE HOW INJURY OCCURRED. (E	enter noture of injury in Part	I or Port II of item 18.)	
20c. TIME OF INJUI	RY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f. (City or town)	(County) (Stote)
Hour o.m.	none 19	While Not while tack	ory, street, office bldg., etc.;		
		the remains described abo		· D Investigated	
apinion death	resulted from: Nat	urol causes X. Accident	, Suicide , H	łamicide [], Undete	rmined monner
ACTUAL D	110.4	wells			DATE SIGNED
SIGNATURE	1 other	Pote 4	_M.D. CHIEF MEDICAL EX	AMINER	. DATE STORES
EXAMINER'S NAME (Type)	S. Rob	ert Wells, M.D.	ASSISTANT MEDICAL E		3-14-59
220. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, o	or county) (State)
Burial	3/16/1959	Cedar Lawn	Cemetery	Hagerstown.	Maryland
The state of the s	s signature er Funeral He	ADDRESS			TRAR'S SIGNATURE
Suter-iouz		ome Hagerstown, Mo	DATE N	IAR 1 8 '59 C	Lithur S. Kraner

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1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 5 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tillman's Is/and							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Western Md. State Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D							
3. NAME OF DECEASED (Type or print) META G ET/	hERIAGE 4. DATE Month Day Year DEATH MARCH 13 1959							
	March 16, 1886 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.) Months Doys Hours Min.							
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDU	Tillman's Island Md . U.S.A.							
Jacob Gibson	Julia ann Miller							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19., no. or unknown) (If yes, give wor or dates of service) 216-22-4672	Raymond Etheridge, Jr. Rocky Ridge,							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EREBRAL HE	MORRHAGE INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES							
A	Conditions, if ony, which gove rise to immediate couse (o), stoting the under- DUE TO DUE TO DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- DUE TO DUE TO							
1 Aptroiscal - passo be	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NEW YES NEW YES NO NEW YES							
	D. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the control of work to the con	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)							
21. I certify that I attended the deceased fram July 3, 1958, to MARCH 13, 1959, that I last saw the deceased alive an MARCH 13, 1959, and that death accurred at 200 pM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE COUNTY CAUSE 3-13-59								
PHYSICIAN'S EUARISTO R. Lardigada	12 HAGERS FOUN Md							
226. Burial, Cremation, Burial Specify) 3-17-59 22c. Name of temetery of St. Anthony	Cemetery 22d. LOCATION (Cify. town, or county) nr. Emmitsburg, Maryland							
23-JUNERAL DIRECTOR'S SIGNATURE ADDRESS Thurmo	nf march 17'59 246. REGISTRAR'S SIGNATURE Orthon S. Ferans							

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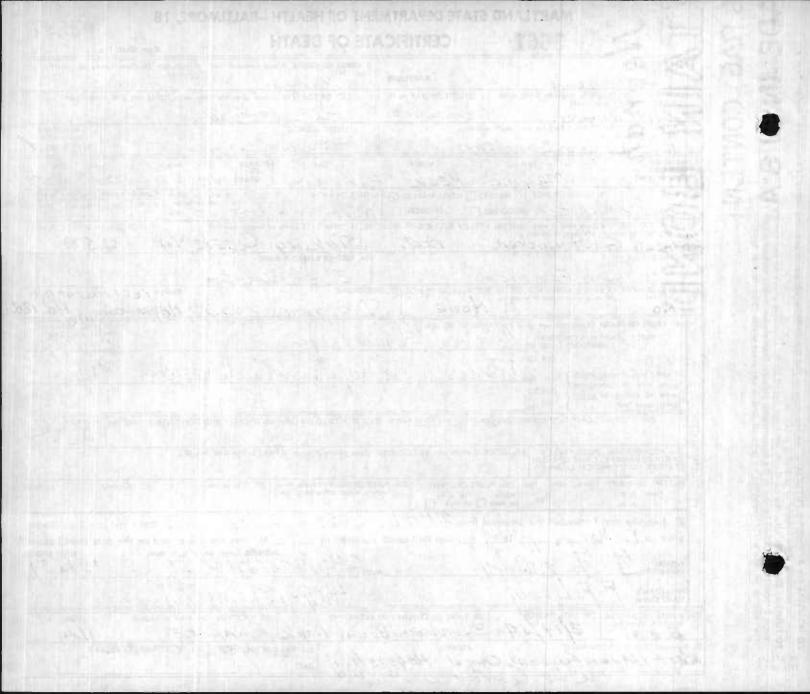
VS A15 (4) 15M 10/57

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18	3
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3661 CERTIFICATE OF DEATH

03597 Rea. Dist. No.

	1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (M	/here deceased l	ived. If institution b. COUNTY	: Residence before	e admission)
	Washington	8	MARYLAN	11/cr41	and	Cho	Shingt	en
	b. CITY OR TOWN (If outside corpor RURAL and give nearest town)		c. LENGTH OF STAY IN 1	22/	outside corpora	te limits, write RUI	RAL and give near	rest town)
	Williamspe		Auceka-1da		15600	UN		
	d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street a	ddress) /	d. STREET AODRESS	17 2			ON A FARM?
	Williamspor	t danit	arium	1 330 M.	10000	na C SE		YES NO
	3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF	Month	Day	
		rayme	PECV	トースアアノモア	DEATH	March	/2	1937
	Female white	WIDOWEL	DIVORCED		4. 18%		Months Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind o	f work done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stof	e or foreign cour	ntry)	12. CITIZEN OF	WHAT COUNTRY
	RETURED GOVT	102ken	Act.	Sinking	2 COF	EL VA		5.19.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		1	0
	William E	nulia.		F-110-	Varit			
		ED FORCES? 16. S	OCIAL SECURITY NO. 11	7. INFORMANT	VAUL		16011-	
	[Yes, no. or ynknown] (If yes, give wor or	dates of service)	HONE	Du to	11/11	- 611 410	2-4	1110
	18. CAUSE OF DEATH [Enter only	one sawe per lies		2750 1-747	A AUS	DY MA	ACAPACANA WAR	EVÁL BETWEEN
-	PART 1. DEATH WAS CAUS	/ 1	101 61. (6). 660 (6)	14000 1100			ONSI	ET AND DEATH
	IMMEDIATE C	AUSE (o)	cony 1	merrings			2.	weeks
		DUE TO	1: -1 7	- 11 n t	0	1-0.	,	1.4
	Conditions, if any, which)	(6)(1)(0)	no scuri u	r Hallonnin	Carol	o vascue	W /	mt
	couse (o), stoting the under-	DUE TO		//	10,00	A 1	-1	/
	lying cause last.	(c)			NIVE	ay		
	PART II. OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE (CONDITION GIVEN	1 IN PART 1(0) 19	PERFORMED2
1	5							YES NO NO
	PART II. OTHER SIGNIFICAN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Uff EITHER, NOTIFY MEDICAL EXAM	DEATH (INER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I or Part II	of item 18.)		/
	3 20c. TIME OF INJURY Month, De	y, Year 20d IN.	JURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m. 20f (Ciby or	town)	(County)	454-1-1
	Hour a. m.	19 While of work	Not while	factory, street, affice bldg., et	c.)	, and	(County)	(State)
		la. mork	77 -	£ 50 1	2 11			
	21. I certify that attende		d fram. A. [RA	2, 19 <u>97</u> , ta_1	+ 1110x	1924,	that I last say	w the deceased
	alive an La May	192	, and that dec	oth occurred at				e stated abave.
	ACTUAL A	Tun hi	,	22-11/1	ADDRESS (Stree	et, city or town, sto	ote)	DATE SIGNED
	SIGNATURE	mari		M.D.O.ST.	0 6 12	m s	/	21439
1	PHYSICIAN'S FF	115hV		4600	ration	11 ml		
	NAME (Type)			11246	1 1 0 11	VI-1141		
	220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c. NAME OF CEMETER	OR CREMATORY	22d. LOCATIC	N (City, town, or	county)	(State)
	BURIA! 31	4/19	EVERGREEN	Burein/ Princk	KOA	NOKE		UM,
	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	240. REC	BAL SECISES	R 24b. REGISTE	was against a	i.a
	KENT MAYEN FU	HETCH!	111951 11196	DATE DATE				



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Page 4	1. PLACE OF DEAT a. COUNTY

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3600 CERTIFICATE OF DEATH

03598 Rea. Dist. No.

							real bion		
1. PLACE OF DEATH a. COUNTY	lash.	MARYLAI		USUAL RESIDENCE (WO. STATE		lived. If instituti b. COUNTY		before admi	ission)
b. CITY OR TOWN (IF RURAL and give near Hagerst		write c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF		ote limits, write R	RURAL ond give	nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION	al (If not in hospitol, give	street address)	1	d. STREET ADDRESS 34 W. Fra	WED TO	St.,		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First John	Middle C	, ,	Feigley	4. DATE OF DEATH	Man	_	Day 4	Year 19 59
5. SEX male		MARRIED TYEYER MARRIED		aly 7, 1915		9. AGE (In years last birthdoy) 43 yrs.	Months Do		T
10a. USUAL OCCUPATION during most of warki electric		Fairchilds	NDUSTRY	11. BIRTHPLACE (Stote Hagers	or foreign controls town,	untry) Md•	12.CITIZE	USA	COUNTRY?
13. FATHER'S NAME	72 v 19.2		14	MOTHER'S MAIDEN					
	liam K. Fei	S? 16. SOCIAL SECURITY NO.	INISOI	DOTA E	. Wils	on Add	rote		
	f yes, give wor or dates of service	ce)		ard Feigley	Ha	gerstown			
Conditions, if on gove rise to im cause (a), stating the lying cause last.	mediate Due To	Coronary 0	cclu	sion.				6 W	eeks
PART II. OTHE	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	NNAL DISEASE	CONDITION GIV	VEN IN PART 1	a) 19. WAS PERF YES	FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) 20	b. describe how injury occi	URRED. (E	nter noture of injury in	Port I or Port	II of item 1B.)		-	
20c. TIME OF INJURY Havr a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20 While Nat while of work at wark		OF INJURY (Home, for street, office bldg., et	c.)		(Cau		(Stote)
20	R. A. B	/ /	eath acc		_M, fram t ADDRESS (Str North		and an the constant	late state	ed abave. ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	3-19-59	22c. NAME OF CEMETE Rose Hi		EMATORY	Hager	ON (City, town, stown	or county)	Md.	rote)
23. FUNERAL DIRECTOR'S Fred W. Kra		ADDRESS			D BY REGISTE		Istrar's SIGN		

CONTRACTOR OF And the state of t Benryages | Dir sea

			CERTIFIC	AIL OI DEAII		Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY	Washington	n	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md .		COUNTY	nce before admission)
B. CITY OR TOWN (RURAL and give in rural	If outside corporate limits earest town) Hagerstor		c. LENGTH OF STAY IN 16 2 weeks	c. CITY OR TOWN (IF o		nits, write RURAL and	give nearest town)
	TAL (If not in hospitol, gi Gateway Co			d. STREET ADDRESS	Washing	gton St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	E11:	is	Middle	Fincham	4. DATE OF DEATH	March 6,	Day Yeor 19 ⁵ 9
s. sex male	white	WIDOWED			1880	(In years IF UNDER	Days Hours Min.
100. USUAL OCCUPATION during most of wor labore	king life, even it refired)		IND OF BUSINESS OR INDU	Rappahane			TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Preston I	rinch	nam	14. MOTHER'S MAIDEN N Unknown			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or doles of ser	(enire)		Mrs. Minnie	Roberts	Address Hagers	stown, Md.
PART I. DEA		se per line	for (o), (b), and (c).]	s. Col	lops		INTERVAL BETWEEN ONSET AND DEATH
gove rise to i couse (o), stoting lying couse lost.	the under- DUE TO (c).	a	iteriso	clepis (nok		Mi
200, ACCIDENT W	Chi &	4	mi.	D. (Enter noture of injury in F	, 150		RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NOT
	Y Month, Day, Year	While	URY OCCURRED 20e. Pi	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or tow	n) (County) (State)
21. I certify the alive on	County County	deceased, 19		accurred at		causes and an t	last saw the deceased he date stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) DUT181	3-9-59		22c. NAME OF CEMETERY C Smoketown		na LOCATION (C	burg, W.	(Stote)
23. FUNERAL DIRECTOR SCOTT F.	s signature Minnich &	s Sor	ADDRESS		BY REGISTRAR	24b. REGISTRAR'S SI	

may be retained by the hospital or attending physician.

TO FUNERAL

*CTOR: After this certificate has been signed by the ottending physicion and completely filled it page 3 shau

*Action of the complete or use of the burial-transit permit. Then please remove corbon pages 1 certains the registrar prior to burial, cremation, or remayal, and in any event within 72 fours after death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death: Page 4

funeral director, old be filed with

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	TE OF DEATH				
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	part transfer	THE PARTY OF	2007		
	Contract Aba		. 740 N		
te de de	thorses E.		. 220.5		
	AST OBSE , QL LL				
	· BV (= Butter VE)	Mizor Lezen			
				2023	146-75-161.71
Magorstown, Md.	ed. kianša Tobersa,				on
			Contract of the last		
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VS. A15ME 5M 2/57

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FOR STATE HEALTH DEPT	
k: this sertificate should be executed within 24 hours ofter death. I any death is death in them. 18. Give pages 1, 2, and 31 to the funeral director. Page Chief Medical Examiners Office along with form PM3. Page 5 may be retained our files. I should be used as a burial-transit permit File pages 1 and 2 with the State Ban of Health, to burial, cremotion, at remayal, and if any event within 72 hours after death.	
X = U = =	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03600

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3601 Reg. Dist. No. 302

	1. PLACE OF DEATH 6. COUNTY We shing ton MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ryland Washington							
1		outside corporole limits, write	RURAL	c. LENGTH OF STAY IN				porote limits, write	RURAL on	d give ne	rarest tov	vn)
	Hagerstown 11 Yrs			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown								
-			f not in he	ospitol, give street address)		d. STREET ADDRESS	ISTOW	11	-		I IS RE	SIDENCE
		bett St		siphot, give sineer address;		1	rbett	St			ON	A FARM?
	NAME OF DECEASED (Type or print)	EZRA	18	Middle		FOX	4. DATE OF DEATH	March		Doy 959		00 <i>r</i>
5. 9			7 14400	IED NEVER MARRIED		DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER			FR 24 HRS.
	Male	White	WIDOW			Oct 10 186	7	last birthday) 91 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPATIO	N Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (State	or foreign c	ountry) Md	12. CIT	ZEN OF	WHAT	COUNTRY?
9	Grocery	g life, even if retired) Merchant		Retired		Leitersb	יון יון פר גו	ash. Co		USA		
13.	FATHER'S NAME	mer Chair t		reottea		14. MOTHER'S MAIDEN		w 511. O(2	ODA		-
1		Fox				Barba		rshev				
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
1700	No -	(It yes, give war or dates of	service)	None	Es	ton Fox Fu	nksto	wn Wash	i. Co	M	d.	
=		TH [Enter only one cou	se per line	for (a). (b), and (c).]							VAL BETWE	EN
	PART I. DEAT	H WAS CAUSED BY:				i l owaci	of Vosc	mlar)			AND DEA	
		IMMEDIATE CAUSE (0)		Generalized			8 1880	,ulal /		-		
	420.1	DUE TO		Acute Corona	ry '	thrombosis						
	Conditions, If as											
	(o), stoting the u											
	couse lost.) (c)										
Q	PART II, OTH		-	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INAL DISEASI	E CONDITION GI	VEN IN PAR	T 1(o) 19		RMED?
3		Non	3							Y	ES 🗌	NO K
CERTIFICATION	200. EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	SE WAS STRIBUTING []		BE HOW INJURY OCCURR	ED. (En	ter nature of injury in Par	rt I or Part II	of item 18.)				
3	20c. TIME OF INJUR	Y Month, Doy, Yes	r 20d	INJURY OCCURRED 20e		E OF INJURY (Home, form		or fown)	(Co	unty)		(Stote)
MEDICAL	Hour a.m. p.m.	none 19	Whi of v	ile Not while of work 🔼	factor	y, street, office bldg., etc NONE	3.7		-	_		- Quant
	21. I certify th	at I taak charge	of the	remains described	abav	e, held an Autops	y . Ir	spection X	, Inqui	ту П,	and	d in my
	opinion death	resulted from: 1	Vatural	causes x. Accide	ent [7. Suicide 17.	Homicide	T. Undete	ermined	monne	гП	
		0,70	100	1	_							
	ACTUAL	Huter	7	ke elle	1	M.D. CHIEF MEDICAL E	XAMINER []				DATE S	IGNED
	SIGNATURE	7		`	1-	ASSISTANT MEDIC	AL EXAMINE	· []		3_27	-50	
	EXAMINER'S NAME (Type)	S. Rober	t We	lls, M.D.		DEPUTY MEDICAL)1		
220	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMETER	YOR	REMATORY	22d. LOCAT	TION (City, town,	ar county)		(Stote)
	Burial	3/35/59		Rose Hil	7 (Cemetery	Hage	rstown	Wash	C	0	Md
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGIST		ISTRAR'S SIG		E	
	Andrew K.	. Coffman	Has	gerstown Mc	1.	DATE	MAR 3 1	'59	arthur.	8. Kr	aud	

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The state washing			Automore promotes	

Reg. Dist. No.

9999	
1. PLACE OF DEATH Wash, Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY randla
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Rural / Week,	Chambeoling 75x-3
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Gallway Convaliseent Hom	454 E. Queen St. YES NO X
3. NAME OF DECEASED (Type or print) Solomon Si First	enklin de Mar. 9, 195919
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Supply 22, 1872 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	1 / 0
Retired markinst	Venna. U.S.a.
13. FATHER'S NAMED TO FRANCE ROLLING	14. MOTHER'S MAIDEN NAME & Gable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, I	NFORMANT Address
(Yes, no. or arthown) (If yes, give wor or doles of service) 192-14-6095 Min	94 20 4 11
18. CAUSE OF DEATH [Enter only one cause per line fof (o), (b), and (c).]	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	erotic Heart Disease ONSET AND DEATH
420.0 DUE TO	
Conditions, if any, which)	
gove rise to immediate	The ball of the state of the st
lying couse last.	
	NOT FELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
* Hyptrophy of the	etalo a obstruction PERFORMED?
20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Not while	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from I an J	1959 ta May 9, 1959 that I last saw the deceased
11 11 11	occurred at 2.302M, fram the causes and an the date stated above.
(X YTOD'	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE TOURS & DIEWER	MD. hetvig & Brewer 3/10/59
PHYSICIAN'S David R. Brew	er Clear Spring Md,
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Brival (Specify) 3/12/59 (edas Grov	re ! (hambershing, /g.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VI to Backer Claro	- MAD 1 6'59 Call 9 4

funeral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 by the haspitol ar ottending physician.

OR: After this certificate has been signed by the attending physician and completely filled in by the action pages. Pages I and 2. Retached far use as the buriol-transit permit. Then please remove carbon pages. page 3 should be Retached for use as the buriol-tronsit permit. Then please remove carbon pages. The registrar prior to buriol, cremotian, or removal, and in any event within 72 haurs after death. TO FUNERAL D' poge 3 should Le VS A15 (4) 15M 9/55

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	Marin A	Arminal mea-	

CERTIFICATE OF DEATH

03602

		3602		CERT	IFIC.	ATE	OF D	DEATH			Reg. D	ist. No.		4000
	PLACE OF DEATH O. COUNTY WASHIN	ICTON		MAS	RYLAND	2. U	SUAL RESI	DENCE (WHO		d lived. If institut b. COUNTY		HINO		
_						 								
60	b. CITY OR TOWN (If outsice RURAL and give nearest to	own)	rs, write	c. LENGTH OF STA	TINIB	C	P 3			prote limits, write	RURAL and	give ned	prest for	vn)
	HAGERSTOV			LIFE		0.		GERS	LOMM					
	d. NAME OF HOSPITAL (IF IN OR INSTITUTION WASHINGTO			OSPITAL			d. STREET A	VIRG	INIA	AVE.			ON	A FARMS
3.	NAME OF DECEASED	Fir	st	Midd			Los	1	4. DATE	Mo		Do	у	Yeor
	(Type or print) EV	7A	LENA	FU	JNKH	OUS	SER		OF DEATH	MARC	H	6	22	19 59
	SEX 6. CC	OLOR OR RACE	7. MARR	IED X NEVER MARI	RIED 🔲	B. DA	TE OF BIRTI			9. AGE (In years lost birthday)	IF UNDE		-	DER 24 HRS.
	FEMALE V	HITE	WIDOWE	DIVORC	ED 🔲	3	3/28/	1887		777 713		Days	Hours	Min.
100	USUAL OCCUPATION (GI	ve kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPL	ACE (State o	r foreign c	ountry)	12. C	TIZEN C	F WHA	T COUNTRY?
	HOUSEWIFE	r, even it retifed		HOME			M	IARYL	AND			U.	3. A.	4
13.	FATHER'S NAME					14.		MAIDEN N						
	WILLIAM A	. HOSE	1				MAF	Y EL	IZABI	RTH BAU	GHMA	N		
	WAS DECEASED EVER IN U			SOCIAL SECURITY N	0. 17. 1	NFOR	MANT			Ado	Iress			
(Ye	NO (If yes, g	ive wor or dates of s	ervice)	NONE	M	R.	THOM	AS J	TIL	KHOUSE	R HA	GER	STOI	WN
-	18. CAUSE OF DEATH [E	nter only one co	use per lin			Tre	1,10,0	1110 0	101	TELLOGOL				ETWEEN
	PART I. DEATH WA	S CAUSED BY:	Car	rebral h		222	0000		. 2011			ONS	ET AN	D DEATH
	22/MME	DIATE CAUSE (0		reprat (emoi	.1.(1)	age					1	6 h	Ι.•
	33/X	DUE TO		pertensi	770 7	70.0	011701	210	0000			T.		£1 5 1 4
	Conditions, if ony, what gove rise to immedia	ote (D	-	Del. remer	ve v	as	culai	r uls	ease			1	nae	finit
	couse (a), stating the un-								179					
7	lying cause lost.) (c)									- 1		
CATIO	PART II. OTHER SIG	INIFICANI CON	DITIONS	ONTRIBUTING TO D	EATH BUT	NOI	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERF	ORMED?
CERTIFICATION	OR CONTRIBUTING CA	USE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Ent	ter noture o	f injury in Po	ort I or Por	t II of item 18.)				
WEDICAL	20c. TIME OF INJURY Mo Hour o. m.	nth, Day, Ye	While	JURY OCCURRED Not while	20e. PL fo	ACE O	F INJURY (i	Home, farm, a bldg., etc.)	20f. (City	or town)		(County)		(Stote)
¥	p. m.	19	ot work	ot work					1					
	21. I certify that I c		decease				, 19 40), to <u>Ma</u>	rch	22 , 1959	,that 1	last so	w the	deceased
	alive on Marc	h 22	_,1959	9, and the	t death	acci	urred at_	2P	M, fran	n the causes	and on	the da	te stat	ed abave
	/	M	./	. 0						treet, city or town.				ATE SIGNED
	SIGNATURE	11	he	sh		M.D.	148 1	West	Wash	ington	St.	3/	24/	59
	PHYSICIAN'S Dr.	В. В.	Kne:	isley			Hage	rstow	n. M	aryland				
220		b. DATE THEREC	F	22c. NAME OF CEA	METERY O					TION (City, town,	or county)		(Sto	ite)
	Brayoval (Specify)	3/25/5	.0		HAVE					GERSTOV		MI	1	
23.	FUNERAL DIRECTOR'S SIGN		_	ADDRESS	TAVE	- IV	CEM.	240. REC'D			STRAR'S S	IGNATUI	RE	
	W.J. Hor.	1011T	1	aness la	732.	-	7720							
	1001/	TEM-	1//	100000	UV		66	DATEMAR	605	3 (Thung &	Than	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 e funeral directar, may be retained by the hospital or attending physicion.

O FUNERAL CTOR: After this certificate has been signed by the ottending physicion and completely filled in page 3 shaulors detached for use as the burial-transit permit. Then please remove carbon pagers, Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. may be retoined TO FUNERAL

5 6 5 THE RESERVE Burney Charles Administrate of Co. 1911

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3603 CERTIFICATE OF DEATH

Reg. Dist. No. 113613

1. PLACE OF DEATH o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MATYL		on, Residence before admission) WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) HAGERSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OU HAGERST		URAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street of WASHINGTON COUNTY HOS	oddress)	d. STREET ADDRESS 759 S. PO		ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) LRVING	Middle G.	ARRETT	4. DATE Mon OF MARC	
5. SEX 6. COLOR OR RACE 7. MARRI WHITE WIDOWE	The season of th	8. DATE OF BIRTH 1/10/1885	9. AGE (In years last birthday) 74 yrs.	Mantha Days Hours Min.
106. USUAL OCCUPATION (Give kind af wark done during most of warking life, even if refired) RETIRED SEXTON B		~	r fareign country)	U. S. A.
13. FATHER'S NAME DAVID GARRETT		MOLLIE E		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no. or unanown) (If yes, give wor or dotes of service)		MRS. PAULINE		AGERSTOWN MD.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (a). (b). and (c).]	gastric	ulcer	INTERVAL BETWEEN ONSET AND DEATH 24 hour
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	roucho jo iabete i	neumoni uellitus	a	
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	cisto bie	A *	AL DISEASE CONDITION GIV	YEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	irt I ar Port II of item 18.)	
20c, TIME OF INJURY Manth, Day, Year 20d, IN Haur a. m. 19 While at wark	Not while fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the decease alive on 3-26- 195 ACTUAL FORES TOSES & SEGNATURE		occurred at 10 A	M, from the causes a DDRESS (Street, city or town, N Stuct	A, that I last saw the deceased and on the date stated above state) DATE SIGNED The control of the state of
PHYSICIAN'S VOSEPH SE	CONDAR!			3/28/59
270. BURIAL, CREMATION, 27b. DATE THEREOF BIJRT AT. 3/29/59	22c. NAME OF CEMETERY O		PAGERSTOW	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	700 DATMAR	0.0150	STRAR'S SIGNATURE

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0		ge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to uld be filled wi	registrar prior to burial cremation or removal and in any event within 72 hours after death
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-	. PLACE OF DEATH			II O STATE	ere deceased lived. If institutio	n: Residence before admission
-		Nashington (If outside corporate limit	MARYLA	Maryla	ind	Washingto
	RURAL ond give i	nearest town)			utside corporate limits, write RU	JRAL and give nearest tawn)
-	d. NAME OF HOSP	ITAL (If not in hospital, a	l year	d. STREET ADDRESS	erstown	e. IS RESIDE
0	1110 Fry			1110 Fry /	ve.	ON A FA
3	NAME OF DECEASED (Type or print)	SARAH	IAVINIA	GRANT LAND	4. DATE Month OF DEATH MATCH	9 19
5	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER
	Female	White	WIDOWED DIVORCED [September 27,	1875 lost birthday)	Months Days Hours
	during most of wo Housew: 3. FATHER'S NAME	rking tire, even ir retired;	done 10b. KIND OF BUSINESS OR		n, Delaware	U.S.A.
	Jacol	Andrew Per	rmar	Margar	et Coulbourne	
	Yes no or unknown)	ER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Addre	
	none		rene	Mr. George E.	grantitand ha	gerstown, Mar
	PART I. DE	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Dany, which immediate	Overeis Sel	ne Hear	totalese	interval Betwonset and De
	Conditions, if a gave rise to couse (a), stoting lying couse lost.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Duy, which immediate the under- (c)	Orterio Sel	entuche	titailus	es onset and de
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MEDICAL CERTIFICATION	PART I. DE Conditions, if of gave rise to couse (a), stoting lying couse lost. PART II. OI 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Cony, which immediate I the under: (c) HER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH		ort I or Port II of item 18.)	ONSET AND DE STAND DE
	PART I. DE Conditions, if a gave rise to couse (a), storing lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO CE DUE TO DU	DITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCC 17 20d. INJURY OCCURRED 20 While Not while of work 01 work 1	CURRED. (Enter noture of injury in F	ort I or Port II of item 18.) 20f. (City or town)	ONSET AND DI
	PART I. DE Conditions, if a gave rise to couse (a), storing lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO DODAY, which immediate I the under: HER SIGNIFICANT CONI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19	DITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCC 17 20d. INJURY OCCURRED of work o	De. PLACE OF INJURY (Hame, form foctory, street, affice bldg., etc.	20f. (City or town)	ONSET AND DE STAND DE
	PART I. DE Conditions, if gove rise to couse (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify fl alive an 3.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO DODAY, which immediate I the under: HER SIGNIFICANT CONI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19	DITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCC 17 20d. INJURY OCCURRED of work o	De. PLACE OF INJURY (Home, form foctory, street, affice bldg., etc.	20f. (City or town)	ONSET AND DISTRIBUTION OF THE STATE OF THE S
	PART I. DE Conditions, if gave rise to couse (a), storing lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m. 21. I certify fill	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO DODAY, which immediate I the under: HER SIGNIFICANT CONI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19	DITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCC 17 20d. INJURY OCCURRED of work o	De. PLACE OF INJURY (Home, form foctory, street, affice bldg., etc.	20f. (City or town) 20f. (The second of the	ONSET AND DISTRIBUTION OF THE STATE OF THE S
I NOON	Conditions, if gave rise to couse (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFE) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify fl alive an 3.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o: DUE TO DUE TO DUE TO COMPY, which immediate I the under. OCCUPANT OF THE TO THE T	DITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCC 12 20d. INJURY OCCURRED While Not while of work o	De. PLACE OF INJURY (Hame, form foctory, street, affice bldg., etc. 19	20f. (City or town) 20f. (City or town) M, fram the causes an ADDRESS (Street, city or town, state of the course of town, state of town, st	ONSET AND DE STAND DE
I NOON	Conditions, if gave rise to couse (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING IIF EITHER, NOTIFE Hour o. m. p. m. 21. I certify fl alive an 3.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO (c) THER SIGNIFICANT CONI AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Doy, Yeo 19 That I attended the	DITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCC 17 20d. INJURY OCCURRED While Not while of work o	De. PLACE OF INJURY (Hame, form foctory, street, affice bldg., etc. 7, 19, ta 3 eath accurred at 10 56 M.D. H.M. Pa	20f. (City or town) 20f. (The second of the	ONSET AND DE STAND DE

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	J SIAIE DEPARTM	ENI OF HEALTH-	BALIMORE, 18	3
3605	CERTIFICA	ATE OF DEATH		Reg. Dist. No. (13605
PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where of STATE	deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside	le corporate limits, write RU	RAL and give nearest town)
Hagorstina	3/000	0 15-69	erstern	
OR INSTITUTION Wash Co Hus fu	et address)	d. STREET ADDRESS	Put	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Rethe Vi	rginia Middle	eenhorn 4.	DATE Month OF DEATH Month	Day Year 2 195-5.
temela While WIDON	WED DIVORCED		.8 last birthdoy) 40 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during must of working life, even if refired)			oreign country)	12. CITIZEN OF WHAT COUNTRY
. FATHER'S NAME			:	
Cecil Feaster		Leonara Rex	croad	
(es, no. or unknown) (if yes, give wor or dates of service)			Addre agerstown, Md	
PART 1. DEATH WAS CAUSED BY: SIMMEDIATE CAUSE (or CO) DUE TO	line for (a), (b), and (c).] Let Uentricle	keist failum	die	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a) stating the under	neum mu	,		36643
lying cause last. (c)	Jzin chize	Losis		Teas
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	l ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Haur a. st. 19 Whil at we	e _ Nat while 100	ACE OF INJURY (Home, farm, 2) ctary, street, affice bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the decedalive on 19		occurred at 6:35AM	, fram the causes an	
ACTUAL SIGNATURE	Ovelach	M.D	LC14.	ote) DATE SIGNED Lev 2 5
13/1 7	1/-0-1/1	11	acon L.	2-1
PHYSICIAN'S A / Con & A	touch jonk		9041700	3
	22c. NAME OF CEMETERY O	R CREMATORY 22d	. LOCATION (City. town. or Westernport,	county) (State)
NAME (Type) Ro. BURIAL, CREMATION, BELLIOUS (Specify) J. FUNERAL DIRECTOR'S SIGNATURE		R CREMATORY 22d 24a. REC'D BY DATE MAR	Westernport, REGISTRAR 24b. REGIST	
	D. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest form) d. NAME OF HOSPITAL (If not in hospital, give street of institution) NAME OF DECEASED (Type or print) SEX O. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE WAS DECEASED EVER IN U. S. ARMED FORCES? I. (If yes, give wor or dotes of service) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or possible to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING (C) PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING (C) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. I certify that I attended the deceated live on 192.	PLACE OF DEATH a. COUNTY A Shi nglon b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) A 99 15 4 4 2 d. NAME OPHOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF DECEASED (Ifype or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED G. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE WAS DECEASED EVER IN U. S. ARMED FORCES? WAS DECEASED FYER IN U. S. ARMED FORCES? WAS DECEASED FYER IN U. S. ARMED FORCES? WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or date of service) TO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (of UR IN LUCLE DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause lost. DUE TO Conditions, if ony, which gave rise to immediate cause (b), stating the under lying cause lost. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Or White Not white Or work Or work	PLACE OF DEATH a. COUNTY B. SAI 2 g lon B. CITY OR TOWN (If outside corporate limits, write RRRAY and give nearest form) C. CITY OR TOWN (If outside corporate limits, write RRRAY and give nearest form) C. CITY OR YOWN (If outside corporate limits, write RRRAY and give nearest form) C. CITY OR YOWN (If outside corporate limits, write RRRAY and give nearest form) C. CITY OR YOWN (If outside corporate limits, write RRRAY and give nearest form) C. CITY OR YOWN (If outside corporate limits, write Color OR Young (In outside corporate of the outside limits) A Least Or Death (In outside corporate of outside limits) A Least Or Death (In outside corporate	PLACE OF DEATH a. COUNTY A. S. A. I. M. G. L. S. S. A. MARYLAND b. CITY OR TOWN If countied corporate limits, write RURAL and give nearest form) d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) SEX A. S. T. S. L.

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AARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **EXAMINER'S CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Washington Md. MARYLAND Washington b. CITY OR TOWN III outside corporate limits, write RURAL and give nearest fown) Edgemont c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest town) Rural Smithsburg #2 Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural Smithsburg d. STREET ADDRESS di di NAME OF 4. DATE First Middle funeral Lost Month Your DECEASED (Type or print) Julia Elizabeth DEATH Grotz March for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR 2 with the Months Female White WIDOWED T DIVORCED [1894 64 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 00 House Wife Greensburg Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges Benton Schull Alice Cornell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Edward H. Schull, Smithsburg Md. PM3 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c). CO PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ifem DUE TO Canditions, if any, which gave rise to immediate couse DUE TO (a), slating the underlying cause last. Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY OS 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY | or CONTRIBUTING | Exam 2 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) factory, street, office bldg., etc. o. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2. Inquiry . 2 death resulted from: Natural causes Accident ... Suicide . Homicide . Undetermined cause . CTOR Ch. MEDICAL ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S farword DEPUTY MEDICAL EXAMINER NAME (Type): 2nd LOCATION (City, town, or county)
Smithsburg, Maryland (Franklich) 220. BURIAL, CREMATION, 22h 22c. MAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Weltys Cemetery 0 Burial Streman s ADDRESS / / 24g. REC'D BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. A 15ME(5) DATEMAR 1 1 '59 arthur S. Thous

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ON A FARM? YES NO W

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Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO 4

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(Slote)

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VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3606 **CERTIFICATE OF DEATH**

Ren. Dist. No.

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1. PLACE OF DEATH o. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o.STATE b. COUNTY Washington
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN	
RURAL and give nearest town) Hagerstown D.O.A.	03 Hagerstown
A NAME OF HOCKITAL (IS and in Landard and and and and and and and and and an	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Wash. County Hospital	16 Cypress St
3. NAME OF PICEASED (Type or print) PAUL EMERSON	GRUBER 4. DATE Month Doy Year DEATH March 27 1959 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Hours Min
Male White WIDOWED DIVORCED	Nov. 17 1893 65 yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II	INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. 2. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Mens Furni	ishing Hagerstown Wash. Cd USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George M. Gruber	Louisa Winch
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
Yes (type over mor or detect)	Mrs Ann Gruber 16 Cypress St
1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	Hagerstown Md. Interval Between Onset and Death
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYONEM	1 Throm bosis minutes
420.0 DUE TO	
Conditions, if any, which) (b) Arterios	elevotic Heart Diserse 3 4rd
gove rise to immediate	
lying cause last.	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS LINDERLYING [] 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	le. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State factory, street, office bldg., etc.)
Hour a.m. While Not while p. m. 19 at work at work	octory, sinces, office orage, etc.)
21. I certify that I attended the deceased from 4 & Pt	- , 1956, to March 27, 1959, that I last saw the decease
	eath accurred at 10,30 AM, from the causes and on the date stated above
dive dil, and that de	ADDRESS (Street, city or lown, state) DATE SIGN
ACTUAL FO 1 0 11 to	and Al Data Glanda
SIGNATURE Claret Control of the France	1-M.D. 2-14 14: 13000 mac 4T 3/24/
PHYSICIAN'S NAME (Type) LIG 4 d'A HOFF	-mar Hagerstoun, ml.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 3/30/59 Rose Hill	Cemetery Hagerstown Wash. Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Mc	DATE MAR 31 '59 arilus S. Ferans

VS A15 (4) 15M 10/57

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MARY	LAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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arthur S. Krauk

3665	CERTIFIC	ATE OF DEATH	H	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If insti b. COUN		
b. CITY OR TOWN (If autside corporate (mils, write RURAL and give nearest town) Clearsprin	e 14 Months	c. CITY OR TOWN (IF	outside corporate limits, writ		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Gateway Convalescent Hom		d. STREET ADDRESS	airview Ave.	•	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Calca	Middle Florence /	Harbaugh		Worth 2/, Day	Year 1959
5. SEX COLOR OR RACE 7. MARRI Temple white WIDOWE	DIVORCED	8. DATE OF BIRTH 4/17/1878	9. AGE (In yet lost birthdo		F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. I during most of working life, even if retired) House wife	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote Sabillasv.			.S.A.
13. FATHER'S NAME Comenius Pryor		Josephi	ne Pryor		
		INFORMANT loscoe Pryor 3		. Waynesbor	o. Pa.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		o Vasculi	ar Dis	INTER	T AND DEATH
Conditions, if any, which gove rise to immediate couse (o), stating the under-	rterio	Sclero	sis	10	yes
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION		. WAS AUTOPSY PERFORMED? YES NO TO
	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of wark	Not while for	PLACE OF INJURY (Home, form octory, street, office bldg., etc		(County)	(Stole)
21. I certify that I attended the decease alive an Mar 20, 195		9, 1958, to 11 h accurred at 10,40	Plan 21, 194 PlM, fram the cause: ADDRESS (Street, city or tov	s and an the date	w the deceased stated abave
PHYSICIAN'S DAVID RIS	Brewe	M.D. BOX	206	ince Y	3/22/57
220. Burial, CREMATION, 22b. DATE THEREOF Burial 3/24/59	22c. NAME OF CEMETERY OF Burns Hill	OR CREMATORY	22d. LOCATION (City, fow Waynesbord		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Waynesboro,	_	D BY REGISTRAR 24b. RE	Cuthun S. Hra	

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a. COU	OF DEATH				2 USUAL PESIT	ENCE (Where decease	d lived If institution	Reg. Dist. I		sign)
0. 000	Washi:	ngton		MARYLAN	g. STATE	Md.	b. COUNTY		ngton	
RURA	OR TOWN (If autside ca L and give nearest town) agerstown		, write	c. LENGTH OF STAY IN 1		OWN (If outside corpo	rate limits, write R	URAL and give	nearest tow	n)
OR IN	E OF HOSPITAL (If not in NSTITUTION ash. Co. Hos		ve street	address)	/d. STREET A	Fairground	Ave.,		ON	SIDENCE A FARM?
NAME (DECEAS (Type or	ED	First	1	Middle	Harbaugh	4. DATE OF DEATH	Mont		Day 25	Yeor 19 59
5. SEX			7. MARR	DIVORCED	B. DATE OF BIRTH	1898	9. AGE (In years last birthday) 60 yrs.	Months Day		ER 24 HR
0a. USUAI during		nd of work d		KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL		-		OF WHAT	COUNTRY
3. FATHER		n B Ha	rbau		14. MOTHER'S	MAIDEN NAME	er			
(Yes, no, or us	ECEASED EVER IN U. S. A		ES? 16.	SOCIAL SECURITY NO.	INFORMANT Katherine		Hagerst		i.	
gave	ditions, if any, which is rise to immediate (a), stating the undercause last. Part II. OTHER SIGNIFIE	DUE TO (b). DUE TO (c). CANT COND	T I	neumonia oxic thyroid Poliomyelitis CONTRIBUTING TO DEATH	s old, with				childh	efini ood
20a. A OR CO	CCIDENT WAS UNDERLY DITRIBUTING	OF DEATH	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter nature a	injury in Part I ar Par	t II of item 1B.}			
	ME OF INJURY Month,	Day, Yea	20d. It		PLACE OF INJURY (I factory, street, affice	lame, farm, 20f. (City	or town)	(Cour	nty)	(State
	davr a-m		at war	k at wark		bidgi, sicij				
21. I alive	certify that atter	E	decease, 19	ed fram, and that de	, 19.56 arr accurred at M.D.	death 8:25 M, from	the causes and treet, city or town,	state)	ate state	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3608

CERTIFICATE OF DEATH

03610

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) o. cowashington o. STATE Maryland b. COUNTY ashington MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL ond give nearest town)
Hagerstown Life Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 826 S. Potomac St. ON A FARM? Potomac St. YES NO NAME OF Middle Year DECEASED Harrison OF DEATH March 1.59 Ragan Lee (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Male White Months WIDOWED [DIVORCED T August 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Steel Fabrication agerstown S. Superintendent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David F. Harrison Minnie L. Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hag. Louise S. Harrison Md. 214-09-0930 Mrs. 18. CAUSE OF DEATH [Enter only one couse per line for fa), (b), and (c). INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Rusnuts DUF TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. #1. factory, street, office bldg., etc.) While Not while of work D. m 21. I certify that I attended the deceased fram. and that death accurred at A. M., from the causes and on the date stated above. DATE SIGNED ACTUAL Washington PHYSICIAN'S Phillip J. Hirshman NAME (Type) Hagerstown Md. 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rest Haven Cemetery Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown Md . DATE TO A Orthur & Kines



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VS A15 (4) 15M 9/55

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THE REPORT OF THE PARTY OF THE PARTY.				

ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

ined by the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician and campletely filled in bile of detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and prior to burial, crematian, ar removal, and in any event withing 2 hand after death.

TO FUNERAL D page 3 should the registrar pr

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3609

CERTIFICATE OF DEATH

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Red Diet No.

1. PLACE OF DEATH o. COUNTY	ashington		MARYLAN	2. ID	usual residence (woo state Maryla	here deceased nd	lived. If institution b. COUNTY		before odm	
B. CITY OR TOWN OR RURAL and give in Hagerst		ts, write	c. LENGTH OF STAY IN 1	lb)	c. CITY OR TOWN (IF		ote limits, write R		ive nearest to	wn}
	TAL (If not in hospital, g			1	d. STREET ADDRESS Big Poo	1 Md.			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Elb;		Middle LeRoy	Не	eiston	4. DATE OF DEATH	Mon 3	th	21	Yeor 59
5. SEX	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED [9.1882	9	AGE (In years lest-birthday) yrs.	11.	YEAR IF UN	T
10a. USUAL OCCUPATI during most of wor Labor	ON (Give kind of work king life, even if retired		KIND OF BUSINESS OR IN		11. 8IRTHPLACE (Store Elkton		intry)		U.S.A	
13. FATHER'S NAME Samue	l Heiston		A PERSONAL PROPERTY.	14	Betty	Kite				- 6
15. WAS DECEASED EVEN	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO. 12 20-16-2421	7. INFO	MANT Sie H Hei	ston H	Adding Poo			
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	P		THE	RIGHT LOWE	R LUNG			INTERVAL E ONSET AN 3 DA	D DEATH
Canditions, if a gave rise to i cause (a), stating lying cause last.	immediate (RTERIOSCLERO	ric c	ARDIOVASCUI	LAR REN	AL DISEA	SE	иик	NOWN
TAN THE PERSON NAMED IN COLUMN 1	HER SIGNIFICANT CON	PARA	CONTRIBUTING TO DEATH					EN IN PART	PERF	AUTOPSY ORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU	RRED. (Er	iter nature of injury in	Port I or Part I	I of item 18.)		1154	
ZOc. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yeo	While	NJURY OCCURRED 20e. Not while k of work	PLACE (OF INJURY (Hame, farm street, affice bldg., etc	n, 20f. (City o	or town)	(Co	ounty)	(State)
			ed from MARCH		curred at 1-10	A-MY, fram	the causes a	ind on the	e date sta	ted abave
ACTUAL SIGNATURE	ulii Bo	Buy	Cohen	M.D.		ADDRESS (Stre	et, city or town,	state)		DATE SIGNE
PHYSICIAN'S NAME (Type)			COHEN, M.D.		CLEAR SPRII	NG, MAR	YLAND I	MARCH	21, 1959	9
220. SURIAL, CREMATIC REMOVAL (Specify) Burial	3.23.5		22c. NAME OF CEMETERY ROSO Hill		matory etery		on (City, town, o			Md.
23. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	1.4		AR 2 6 5	AR 24b. REGIS		NATURE	

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CERTIFICATE OF DEATH

		2011	CEKTIFIC	AIE OF L	EATH		Reg. Dist. N	· 302
	1. PLACE OF DEATH o. COUNTY Washington		MARYLAND	o. STATE	PENCE (Where deceo	b COUNTY		fore admission)
	b. CITY OR TOWN (If outside c RURAL and give nearest town		,	c. CITY OR 1	OWN (If outside cor		URAL ond give n	earest town)
	d. NAME OF HOSPITAL (If not		25 Yrs	03	Hagersto	own		L w prespector
	or institution 835 Chestnu		oddress)	d. STREET A	Chestnut	t St		e. IS RESIDENCE ON A FARM? YES NO XX
	3. NAME OF DECEASED (Type or print) ROY	First	Middle CI.INTON	HELFERS	OF	H March	5 1959	Pay Yeor
	1101	R OR RACE 7. MA	RRIED NEVER MARRIED			9. AGE (In years		R IF UNDER 24 HRS.
1	3 / -	0-26-	WED XX DIVORCED	Mar 25	1884	last birthday) yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give & during most of working life, en Maintenance	ven if retired)	5		ACE (Stote or foreign			OF WHAT COUNTRY
	13. FATHER'S NAME	Y GIT OH	14 100110	The second secon	MAIDEN NAME	511 00 .		7.531
	William	Helferst	tav	Me	ry Gatre	211		
1	15. WAS DECEASED EVER IN U. S.			INFORMANT	,	Add	ress	
	No	21	.5-14-1536 E	velyn He	ndricks	835 Che	stnut S	St
	18. CAUSE OF DEATH [Enter	.63	line for (o), (b), and (c).]	Hagers	town Md.	0 . 0		TERVAL BETWEEN
1	PART 1. DEATH WAS C	TE CAUSE (o)	ended	N 020	win	4 CCUR	TM	Marin
	33/X	DUE TO	T. to	11.1	1 0	1	,	4.
	Conditions, if ony, which	10	IN ILMAO	COLOR	and h	KAN		THE Y
	couse (a), stoting the under- lying couse lost.					,		
		FICANT CONDITION	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	VEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
1	<u> </u>							YES NO D
	PART II. OTHER SIGNII 200. ACCIDENT WAS UNDERLO OR CONTRIBUTING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING () 20b. DI EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in Port I ar P	ort II of item 18.)		
	20c. TIME OF INJURY Month, Hour o. m.	Doy, Year 20d.		PLACE OF INJURY (Home, form, 20f. (C	ity or town)	(County	r) (State)
	p. m.		ork ot work			1		
	21. I certify that I att	ended the dece	ased fram. 5 5	17 . 19	, ta 3 J	15/ 19	,that I last	saw the deceased
	alive on 3	7, 19_	, and that dea	th accurred at				ate stated abave
	ACTUAL POWER	2	8 1.1	110	ADDRESS	(Street, city or town,	stole)	PATE SIGNED
	ACTUAL SIGNATURE	7	7/01	_M.D	TTICO	77474	·	184
	PHYSICIAN'S OU		GRATEN	3: 15	maes	W	M	
	220. BURIAL, CREMATION, 22b. C	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		ATION (City, town,)	999	(Stote)
	Burial 3/	9/59	Rose will	Cemetery			Wash. (od Md.
			rerstown Ad.		DATE MAR 1 1		ribur & Ha	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld at detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MARYLAND STATE DESARTMENT OF HEALTH-BALLINGER,

DESCRIPTION OF THE PROPERTY OF THE PARTY OF	F *	
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CERTIFICATE OF DEATH

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	0000				Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY WE	ashington	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)	ere deceased lived. If institu	ution, Residence before Washing	re odmission)
b. CITY OR TOWN RURAL and give Williams	I (If outside corporate limits, write nearest town) POPT	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	suiside corporate limits, write	RURAL and give nec	arest town)
d. NAME OF HOSE	PITAL (If not in hospitol, give strong Stron		/d STREET ADDRESS 27 E. Sali	sbury Stree	t	ON A FARMOY YES NO
. NAME OF DECEASED (Type or print)	Raymond	George	Henesy	4. DATE MOP DEATH Mark	onth Do	N Yeor .8 19 59
Male	100 4 4 -	ARRIED NEVER MARRIED DIVORCED DIVORCED	Jan. 21 191	9. AGE (In year lost burthday yr	Months Days	Hours Min.
USUAL OCCUPATION OF WE	orking life even if retired)	ob. KIND OF BUSINESS OR INDU Tannery		or foreign country) on Co. Md.		S.A
John Leroy Henesy			Daisy Palmer			
5. WAS DECEASED EN	VER IN U. S. ARMED FORCES?		rs. Florence	e Henesy W	"E. Sal	isbury ort Md.
Conditions, if gove rise to couse (o), stotin lying couse lost	immediate DUE TO	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	SIVEN IN PART 1(0)	IP. WAS AUTOPSY
3		ESCRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
	IG CAUSE OF DEATH FY MEDICAL EXAMINER)				3	· ·
20c. TIME OF INJU Hour o. m p. m	. Wh		ACE OF INJURY (Home, farm ctory; street, affice bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify alive on	that hattended the dece		777 7	19 An, fram the causes ADDRESS (Street city or town	and on he da	te stated abov
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	all to	tours	M.D. Selli	authou	athed	3/19
PEMOVAL Specif		72c. NAME OF CEMETERY O		22d. LOCATION (City, town Williamspe	ort Md.	(State)
3. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	+1, 240. REC'I	BY REGISTRAR 246. REC	GISTRAR'S SIGNATUR	RE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campfelely filled in the funeral director, page 3 shoutbbe detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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			special respect
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TO HOSPITAL OR TO FUNERAL D

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3611 **CERTIFICATE OF DEATH**

0011	Keg. Dist. No.
1. PLACE OF DEATH a. COUNTY Washington MA	RYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ashington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lagerstown, Md. 50 yrs	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 343 Blooms Orus.	d. STREET ADDRESS 1 3 43 Blooms Court ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) Levre Clare.	11.1/1 OF G
5. SEX 6. COLOR OR RACE 7. MARRIED KNEVER MAR WIDOWED DIVOR	RRIED 8. DATE OF BIRTH SEED 19. AGE (In years last birthday) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Building	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emanuel Mill	Ida Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IN (19), no or unknown) (II yes, give war or dates of service) 219-05-224	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (c)	an Cerrous Conce
ICATIC	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at work of work	20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 12. alive an 12/16/58, 19, and the actual Section 12.	at death accurred at IOP
SIGNATURE PHYSICIAN'S TITLE OF THE STATE OF	M.D. 136 North Potomac St. 4/1/59 Hagerstown, Maryland
PEMOVAL (Specify)	EMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Board of Md. Baltimore Maryland.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE APR 3 159 Curling & Thomas

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	ORTHON NO.		
			Company of the state of the sta
			E. S. 112, April 1
AT THE BUILDING			
A THE PLANT OF THE PARTY OF		4471	
AUREUME - TEN	#16 and 2 5		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

auld be filed with funeral director, after death. Page

the attending physician and campletely filled Then please remave carban poppers. Pages 1

may be retained by the haspital ar attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the a page 3 shakes be detached for use as the burial-transit permit. Then the registrar priar to burial, crematian, ar remaval, and in any event

TO HOSPITAL OR

VS A1S (4) 1SM 10/S7

1. PLACE OF DEATH

WASHINGTON	MARYLAND	MD	b. COUNTY	CALVERT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	
HAGERSTOWN	11 Ma.	204	-OMOVS	04 X
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	1	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WESTERN MD., STATEHO	SPITAL			YES NO
3. NAME OF DECEASED First DATE (Type or print) MAZIE	Middle MARIE	HILL	4. DATE Mon OF DEATH MAR	
S. SEX 6. COLOR OR RACE 7. MARRIED		ATE OF BIRTH	9. AGE fin years	IF UNDER 1 YEAR IF UNDER 24 HRS.
W WIDOWED	DIVORCED 🗖	UNE 13 19	lost birthdoy)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND C				12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) HOUSEWIFE HON		SOLOMONS		31 6 4
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA		Luisin.
DAMES R. LANGLEY		Maria	<u> </u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. INFO	MAUD X	. THOMPS	O NT
Yes. (no/or unknown) (If yes, give wor or dotes of service) 220-		11 =0== 6	4	
1B. CAUSE OF DEATH [Enter only one couse per line for (c		ALFRED F	1122 - 201	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		OBULAR F	NEUMONIA	ONSET AND DEATH
272X IMMEDIATE CAUSE (6) C. C/V	LOLIAI	ODULIA 1	NEUNUNIN	3 DAYS
Condition if any state QUE 11	T TEMPOR	RAL LOBE	DROCECC	UNKNOWN
gove rise to immediate	I IEIII ON	AL LUDE	ABSCESS	OMNINOWN
couse (o), stoting the under-	10PHOBE 1	ADENOMA OF	F PITILITARY I	GLAND 5 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE				
DEPTIC	ULCER	THE TENNING	ACDIDENSE COMPINION ON	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H	OW INJURY OCCURRED. (E	inter nature of injury in Po	ort Lor Port II of item 18.1	YES X NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		and the second of the second		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C Hour o. m. 19 of work ☐ of		OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County) (State)
p. m. 19 of work of		, through the programmer,	1	
21. I certify that I attended the deceased fra	m APRIL 17	1, 1958, to MI	ARCH 14 1959	that I last saw the deceased
alive an MRRCH 14, 1959	, and that death ac	curred at 9:35 P.	M. from the causes of	nd an the date stated above
0 0 1		Al	DDRESS (Street, city or town,	itote) 1DATE SIGNED
SIGNATURE GEORGE BUCCH	M.D.	1500 PENI	VSYLVANIA F	IVE 3/15/5
PHYSICIAN'S DO CONTROL PROPERTY		1/10-	7	
NAME (Type) DR. GEORGE BERC	V	HAGERST	OWN MARYL	AND
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. N	NAME OF CEMETERY OR CR	EMATORY 2	2d. LOCATION (City, town, o	r county) (State)
BURIAL MAR. 18, 1959 SO	LOMONS CAS	THOLIC CEM	SOLOMONS-	- CALVERT - MD.
23. FUNERAL DIRECTOR'S SIGNATURE	DDRESS	24o. REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
A.A. HARKNESS + SON -	MUTUAL,	MD. DATEMAR	18'59 and	hun S. Krame

CERTIFICATE OF DEATH	2135	

The low requires that the death certificate be executed within 24 haurs ofter death. Page

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TO FUNERAL

VS A15 (4) 15M 9/55

	0020	CERTIFIC	AIL OF BLAFF		Reg. Dist. No.
	Washington	MARYLAND	2. USUAL RESIDENCE (Where on STAT Maryland	b. COUNTY	Washington
B. CITY OR TOWN RURAL and give	(If autside corporate limits, wri nearest tawn)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsid		RAL and give nearest tawn)
Hager		6 months	X Samples M	lanor	
OR INSTITUTION	TTAL (If not in hospitol, give strain County H		d. STREET ADDRESS Harpers Fe	erry Road	e. IS RESIDENCE ON A FARM? YES I NO A
3. NAME OF DECEASED (Type or print)	First MINNIE	Middle	Lost 4.	DATE MONTH	12, Day Yeor 59
Female		MARRIED NEVER MARRIED	B. DATE OF BIRTH June 2, 1874	1 1 1 1 1 1 1	Months Doys Hours Min
10a. USUAL OCCUPAT	(king life, even if refired)	Own Home	JSTRY 11. BIRTHPLACE (Stote or for Antietam Fu	areign country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Eli Har	milton Eiche	lberger	Annie Vir	rginia Roul	ette
	(ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) None	16. SOCIAL SECURITY NO. 17.	INFORMANT Mrs. Thu		
Canditions, if gove rise to cause (a), stating lying cause lost	the under-	articolar	tic Cardina	outlan Dise	use year
CATI		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOP PERFORMED? YES NO
	AS UNDERLYING 206. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port	l ar Port II af item 18.)	
20c. TIME OF INJU Haur o. n. p. m.	10 W	id. INJURY OCCURRED 20e. Phile Not while wark at work	ACE OF INJURY (Home, farm, 2) actory, street, affice bldg., etc.)	Of. (City ar town)	(County) (Sto
21. I certify to alive on	that I attended the deci-	1711	h occurred all:15A MADD	, from the causes ar RESS (Street, city ar town, st	DATE SIG
REMOVAL (Specifi	J. D. Wilso ON, 22b. DATE THEREOF 3/14/59	22c. NAME OF CEMETERY		. LOCATION (City, town, or	own, Md 3/13/ county) (Stote) nor, Marylan
Burial 25) FUNERAL DIRECTO		HAPpers Fe		REGISTRAR 24b. REGIST	RAR'S SIGNATURE Thur S. France

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03617

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0013					Keg. Dist.	NO.
PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W			tion: Residence	
b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest fown] Hagerstown	c. LENGTH OF STAY IN 16 8 hours	c. CITY OR TOWN (IF MCKEESPORT	outside corporate	limits, write	RURAL and giv	e nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos In Cell at City Police H		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Vincent	Middle (Nene)	Honick	4. DATE OF DEATH	Month Ma:		oy Year 19 59
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWE	D DIVORCED	DATE OF BIRTH MARCH 1914	44	E (In years pirthday) yrs,	Months Day	AR IF UNDER 24 HR
10a, USUAL OCCUPATION (Give kind of work done 10b, 1 during most of working life, even if retired) NONE	KIND OF BUSINESS OR INDUSTI	PENNA .	or forei g n country)		12. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAME MICHAEL HONICK		14. MOTHER'S MAIDEN N UNKNOWN	AME			1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] NO 16.		RGE HONICK	McKEESPOR	Address RT, PA.		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying DUE TO (c). PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIV	EN IN PART 1(c	19, WAS AUTOPSY PERFORMED? YESZZ NO
	ed self in cell				th his	
Ö Hour a m While		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	**	m) retow	(County)	
21. I certify that I took charge of the opinion death resulted fram: Natural				-		
	t Wells, M.D.	M.D. CHIEF MEDICAL EX. ASSISTANT MEDICAL DEPUTY MEDICAL E	AL EXAMINER EXAMINER		3-9-	
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) MARCH II, 1959 23. FUNERAL DIRECTOR'S SIGNATURE	PAIRVIEW CEN	METERY	MCKEESP BY REGISTRAR	ORTPA.		(Stote)
	SPORT, PA.		AD 1 0 '59		Inthun 1 1	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hoors after death. If any delay is execute the stificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be yarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 and be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, Vand 2 with the State I or its designated agent, priar to burial, cremation, or removal, and in any event within DEMOUT after death. VS. A15ME 5M 2/57

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
615	CERTIFICATE	OF DEATH	

TE OF DEATH

03618

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY VASIA INGTON	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	h	COUNTY	to before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	sutside corporate limit		ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street od	ddress)	d. STREET ADDRESS	SALEM		e. IS RESIDENCE ON A FARM?
WESTERN MARILAND STI	7/ 1/03.	0.0	SALEM	7406	YES NO
3. NAME OF First DECEASED (Type or print)	ALBER TA	HORTON	4. DATE OF DEATH	Month	Day Year 7 1959
		8. DATE OF BIRTH	9. AGE		1 YEAR IF UNDER 24 HRS.
FENALE WHITE WIDOWED	DIVORCED [1 . 5/1.	1013 6	birthdoy) Months	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole - BRUAD FOR			ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
RUSSELL LEE	EDER	ELI	ZABET	11 1401	row
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SC [Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT (SS, EL	TA HORT	Address HAG	ERSTONN 111
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	vic lymph	lar preumon	tastasis.	to inquina	1(o) 19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CO	dometrium				PERFORMED?
200. ACCIDENT WAS UNDERLYING (20b. DESCRIOR CONTRIBUTING (20b. DESCRIOR CONTRIBUTING (20b. DESCRIOR CONTRIBUTION)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of ite	em 18.)	
Hour o.m. While	Not while of work 20e. Pt.	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town) (C	ounty) (State)
21. I certify that I attended the deceased alive on March 7 , 19 5. ACTUAL SIGNATURE Victor A. K.	9_, and that death	occurred at 8:10	PM, fram the c	causes and an th	e date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type) VICTOR L.			town, m		
REMOVAL (Specify)	BROAD TOP	CEMETERY	22d. LOCATION (C)		CO. PENN.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			24b. REGISTRAR'S'SIG	

HTABU FORTADRITHED HT. I	
THE RESIDENCE OF THE PROPERTY	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3667	CERTIFICATE	OF	DEATH

3007	CLKIIIICA	TIE OF DEATH		Reg. Dist. No.
o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When a. STATE Maryla	- h COUNTY	n: Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Md RFD#1	35 yrs.		side corporote limits, write RU Oort Md. RFI	
d. NAME OF HOSPITAL (If not in hospital, give street address or institution Pinesburg	ess)	/ d. STREET ADDRESS Pinesburg		e. IS RESIDENCE ON A FARMS YES NO M
3. NAME OF DECEASED (Type or print) Matilda	Lamona	Hose	of DEATH March	
Female 6. COLOR OR RACE 7. MARRIED [Wildowed 2	DIVORCED [Aug. 31 189	lost birthdoy)	Months 20pys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Ho	O OF BUSINESS OR INDUST	11. BIRTHPLACE (Stole or Maryland		12. CITIZEN OF WHAT COUNTRY U. S. A
George Dickerhoff	•	14. MOTHER'S MAIDEN NA Bett		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		FORMANT	Pineghin	rg sport Md RFD 1
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	More al	ej seno	the Post	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE				N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter nature of injury in Par	rt 1 or Part II of Hem Is.)	
Hour o. m. While	Y OCCURRED 20e. PLA Nat while at wark	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I altended the deceased for alive on	and that death		9 1 1	that I last saw the decease and on the date stated above total DATE SIGNE
PHYSICIAN'S NAME (Type) Ralph F. Young				
	reenlawn C		2d. LOCATION (City, 10wn, or 1111amsport	Maryland (Slate)
But They Willion	ADDRESS TO THE	DATE	BY REGISTRAR 246. REGIST	PAR'S PIGMATURE

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I will be seen that I	is sent ermet in			
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03620

0010	<u> </u>	01 02/111	- P	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary.	land b. COUNTY	Residence before admission) Washington
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown	51 years	0	outside corporate limits, write RUR rstown	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Washington County H	oddress)	d. STREET ADDRESS 230 Al	exander St/	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mary Jane	Middle Hovermil	Lost	4. DATE Month OF DEATH MARCH	6 Day Year 1959
Female White wipov	WED TO DIVORCED	B. DATE OF BIRTH Jan. 16, 18	82 77 yrs. N	UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AOUSE WITE	Own Home	STRY 11. BIRTHPLACE (Stote Sleepy C:		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
John Laign		Mary I.	Riser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [If yes, give wor or dates of service)		NFORMANT lliam F. Ho	vermill Hage	erstown Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse last. (c)	sen'l arterio notic heart	cardial u isclusioni a distane	re asterios	il. 10 gri
PART II. OTHER SIGNIFICANT CONDITIONS Charic Chall 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINER	e cyptitu			I IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBÉ HOW INJURY OCCURRE	D. (Enter nature of injury in P	'art I ar Port II of item 18.)	
Hour o. p. Whil		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify that I attended the deced alive on May 6, 19, ACTUAL SIGNATURE Solver O in		occurred at 4:45	BM, from the causes and ADDRESS (Street, city or town, sto W. Washingto	that I last saw the deceased on the date stated above the DATE SIGNI
PHYSICIAN'S Edward W. Di	tto 111	Hag	erstown Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 3-8-59	Rose Hill	cemetery	22d. LOCATION (City, town, or control Hagerstown	
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & So	n Hagerstown		BY REGISTRAR 246. REGISTR	AR'S SIGNATURE

TO FUNERAL POPUL PAGE 3 should of the registrar prior the registra VS A15 (4) 15M 9/55

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8. DATE OF BIRTH

MARVLAND

HACERSTOWN

4. DATE

OF

DEATH

d. STREET ADDRESS

Lost

MARYLAND

NIONITHS

Middle

VANMI

7. MARRIED NEVER MARRIED

c. LENGTH OF STAY IN 16

. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

YES NO X

Yeor

19 59

Rea. Dist. No.

WASHINGTON

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

b. COUNTY

Month

ARCH -

		MAKTLAND	SIA
0		3668	
M	1. PLACE OF DEATH 0. COUNTY	INGTON	
HEST		If outside corporate limits, write	c, LEN
HI OF	OR INSTITUTION	TAL (If not in hospital, give street IZSTOWN / VID.	oddress)
	3. NAME OF DECEASED (Type or print)	BERTHA	
	5. SEX FEMALE		RIED

ofter death. Page

within 24 hours

death certificate

requires that

ç filled attending physician hou 12 à detacl TOR shaul he registrar

poge VS A15 (4)

HOSPITAL

9. AGE (In years lost birthdoy) Months Days DIVORCED [WIDOWED N 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOME LCHMANTON WASHICO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRISBY SHOWE CLACOBS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease MMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (Stole) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from 10-19-1959 that I last saw the deceased and that death accurred at 7:30P M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 3-28-59 PHYSICIAN'S NAME (Type) Cherles 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) SMITHSBURG VIARCH .31 CEMETERY SMITHSBURG WASH, CO MID ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 3 1 '59 arthur S. Knows

MARYLAND STATE DEPARTMENT OF HEALTH PEALTMEET

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3617

CERTIFICATE OF DEATH

03622

0021			, nas	, Dist. 140.
PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where dece	rased lived. If institutions Re b. COUNTY	sidence before admission)
Washington		Tenno		Hanklih
b. CITY OR TOWN (If outside corporate mits, write RURAL and give hearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	proporate limits, write RURAL	and give nearest town)
-//	PKIS	Fairen.	castla	75 v 3
d NAME OF HOSPITAL III not in hospital give street	1 0 / -	d. STREET ADDRESS	192116	. IS RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION)/	d. STREET ADDRESS	1 ,	ON A FARM?
TOUT OCK NULSING	Hehre	E. Frank!	14 5	YES NO
NAME OF DECEASED (Type or print) F//Ze be the	Middle	Lost 4. DAY	11.	Doy Yeor
5/124651-1	Prance.	703-004	1.10,000	28, 1959 NDER 1 YEAR IF UNDER 24 HRS
Female 6. COLOR OR RACE 7. MARY	ED DIVORCED	8. DANE OF BIRTH J	9. AGE (In years IF Ut lost birthdoy) 2 yrs.	
. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11 FIRTHPLACE (State or foreig	on country)	2. CITIZEN OF WHAT COUNTE
during most of working life, even in retired)	1/ 1- 1	1 7	- 1.00	1.51
House wife)	TOUSE KEEPING	Cottechiastle, t	Lankling. 19	UJK.
FATHER'S NAME	, 03	14. MOTHER'S MAIDEN HAME		\
F. w. of	624	Kahasa	- 11/2.	
- LMANUEL LEV	SOCIAL SECURITY NO. 174	INFORMANT)	Address	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	informaty)	Address	1
No	None M	1. Alared Lank	an 1/1/2.	agalast, 19
18. CAUSE OF DEATH [Enter only one couse per li	ne for (a) (b) and (c)]		1	INTERVAL SETWEEN
		77		6/2 hrs.
PART I. DEATH WAS CAUSED BY: Med	ulla Oblongata	a Hemorrhage		0/2 1118.
4443× DUE TO				
Conditions if you subjet \ Harry	entencive Con	diovascular Diseas	0.0	20 yrs.
Conditions, if ony, which (b) Hyp	er tensive oar	ITO VABCUTAT DIBEAU	, ,	20 315.
couse (o), stoting the under DUE TO				S. C. L. San Control
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY
				PERFORMED?
				YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port 1 or	Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f.	(City or town)	(County) (Stole
Hour o. m. While	1.	octory, street, office bldg., etc.)	ich, c. tomi	(600)
p. m. 19 of wor				
	11 101	15 10 7/-	0 1000	
21. I certify that I attended the deceas	ed fram.	19 10.2/-2	The state of the s	at I last saw the deceas
alive on 3/2-/19 , 19	, and that deat	h accurred alligner, A, f	from the causes and	an the date stated aba
11/1/	•	ADDRES	S (Street, city or town, state)	DATE SIGN
ACTUAL MAD		750 F Boltim	ore St., Gree	nesstle De 3/
SIGNATURE	Ce T	M.D. 359 E. Baltimo	ore proj dree.	neastre, rae
PHYSICIAN'S U. C. P				
NAME (Type) W. C. Brewer,	M.D.			A STATE OF THE STA
		20 CREULTORY 201 10	OCATIONI (City James	(61-1-)
DE BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	CREMA OKT	OCATION (City, town, or cou	inty) (State)
BUNIA 3/3/1959	Gedar Hi	11 Cometery 15	FRENCOSTLO FI	GANKling 70
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	26. REC'D. BY. RE	GISTRAR 246. REGISTRAR	S'S STGNATURE
7/ 006.00	N -	MAR 3	59 Citim	D. I Status
Howter 111. Janmer	on, Muana	DATE DATE		

Finneral director, hould be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the hospital or attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauler be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 77 hours after death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3619

CERTIFICATE OF DEATH

				Reg. Dist.	140.
1. PLACE OF DEATH o. COWNYShington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If inst b. COUI	titution: Residence I	before odmission) ington
b. CITY OR TOWN (If outside corporate limits, w	c. LENGTH OF STAY IN 16 16 years	c. CITY OR TOWN (If a	outside corporate limits, wri Hag	ite RURAL and give	
d. NAME OF HOSPITAL (If not in hospital, give s	reet oddress) Hospital	A. STREET ADDRESS	Fairground	Tve.	e. IS RESIDENCE ON A FARM? YES NO IX
3. NAME OF DECEASED (Type or print) Laura V:	irginia Itney	er	4. DATE OF DEATH Marc	Month 2	Day Year 20 19 59
Female White	DOWED DIVORCED	B. DATE OF BIRTH NOV. 5, 188		py) Months Da	YEAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	Own Home	Near Che			S. A.
13. FATHER'S NAME Abner Neff		14. MOTHER'S MAIDEN N	Stocksla	ger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, give war or dates of service)		offermant as Erma Itn		Address serstown	Md.
18. CAUSE OF DEATH [Enter only one cause g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422 DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.	Acute Cerebral Arterioscleroti With myocardial	ic myocardial	heart diseas	. (INTERVAL BETWEEN ONSET AND DEATH 53 days
PART II. OTHER SIGNIFICANT CONDITION	DNS CONTRIBUTING TO DEATH BUT				(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 2 Hour a. 51.	0d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm fory, street, office bldg., etc.	n, i 20f. (City or town)	(Cour	nty) (Stote)
21. I certify that I attended the decadive on	12_59, and that death	occurred at 4:05	PM, from the cause ADDRESS (Street, city or to N. Potoma	es and an the wn, state)	t saw the deceased date stated abave. DATE SIGNED 3, 2/, 5
220. BURIAL, CREMATION, 22b. DATE THEREOF 3-23-59	Rest Haven		22d. LOCATION (City, low Hagersto	20.00	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & S	on Hagerstown	m M d. DATED		EGISTRAR'S SIGNA	

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CHO JETT JAK		army S.	A PARTITION OF
to Tall or basers	tion 117 Petr	Intigeo	Mantheton county
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3619

CERTIFICATE OF DEATH

Rea. Dist. No.

03624

1. PLACE OF DEATH a. COUNTY Washi	neton		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marvland	nere deceased	flived. If institution b. COUNTY		ne ten	
b. CITY OR TOWN (I	f autside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpo	rote limits, write RI			
RURAL ond give no	wn, Maryla	nd	35vrs	Magerste		agersto		1000	
d. NAME OF HOSPIT	AL (If not in haspital, s		V	d. STREET ADDRESS	W 444 W	Lagor Doc	THE STATE OF THE S		ESIDENCE
or institution 112 B1	com Ave.			112 3100	m. Av	70			A FARM?
3. NAME OF	Fic	rst	Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Thecdosia	,	Caleetice	Jones	DEATH	March		17	1959
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		1 YEAR IF UNI	
Temale	Colored	WIDOW	ED DIVORCED	Mar 5 1967		10st birthdoy) 52 yrs.	Manths	Doys Haur	s Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or foreign co	ountry)		ZEN OF WHA	T COUNTRY
Demestie			n home	burketts	sattre	, Ma.	US	A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
Thomas	Dorsey				yee				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s			INFORMANT		Addr			
no				John Jones	112	Bloom A	ve		
		iuse per lii	ne far (a) (b) and (c).	-1.1.				ONSET AN	BETWEEN D DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Pollimate	e dest to				104	1.
416%	DUE TO								
Conditions, if a)							
cause (a), stating)							
lying cause last.) (0		CONTRIBUTING TO DESTRUCT	THOU ASSISTED TO THE TEACH	DISTAGE				AUTORY
CATK		IDITIONS C	CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMI	INAL DISEASI	E CONDITION GIV	EN IN PARI	PERF	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Part I ar Port	t II af item 18.)			
20c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d. It While at war	Nat white fo	LACE OF INJURY (Home, form actory, street, affice bldg., etc.	20f. (City	or tawn)	(C	County)	(Stote)
21. I certify th	at lattended the	deceas	ed from but	1919 to	Eisel 1	7 1059	that I I	ast saw the	o decease
alive an	A. 26	10	2, and that death		NA from	the causes a			
unive un	1 0 110	0	, and mar dean	i accorred di	ADDRESS (SI	reet, city or town,	no on in state)	le odie sid	DATE SIGNED
ACTUAL SIGNATURE	ugo Mac	Klew	un	M.D. 159 W. Was	shingt	on St		3/2	0/59
	1			m.v		<u> </u>			-1-2
PHYSICIAN'S NAME (Type)	Philip J.	Hirsh	man, M.D.						
22a. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCAT	ION (City, tawn, a	r caunty)	(Ste	ate)
Burial (Specify)	3-21-19	59	Rose Mill	Cemetery	Lage	rstewn	Mary.	land	
23. FUNERAL DIRECTOR	SSIGNATURE	8	ADDRESS A	240. REC'	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	
John 1	Walson	b	Nageralow	THO DATE M	AR 2 3 '	59 (11 9	Kame	

TO HOSPITAL OR VS A15 (4) 15M 9/SS

TE OF DEATH	CERTIFICA		
ON CHARLEST AND			THE STATE OF
THE DESCRIPTION OF			
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	B. V. About History of Hotel, I.	1 THE R. P. LEWIS CO., LANSING, MICH.	
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41 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1			
	Medical Co. pt. 1		
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GOVERNMENT OF THE STREET, STRE			

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VS. A15ME 5M 2/57

		362	EDIC	AL EXMININ	EK 3	CERTIFICA	TE OF	DEATH	Reg. D	ist. No).	
	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deced			lence be	fore odm	ission)
		shington		MARY	LAND	o. STATE Ma	ryland	b. COUNT	Was	shin	gton	
	ond give nearest town) Ha ge	utside corporate limits, w	ile RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		rporote limits, write	RURAL on	d give n	nearest to	wn)
				ospitol, give street oddress - Hospital	5)	9. STREET ADDRESS					ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)		ini na Maj	middle rgaret Kel	lner	Lost	4. DATE OF DEATH	Mont	_	Day		reor 19 59
5.	Femal	171	7. MARI	RIED NEVER MARRIED		April 6,189	7	9. AGE (In years lost birthday) 61 yrs.	IF UNDER	Doys Doys	Hours	Min.
100	during most of working Lady Com	life, even if retired		KIND OF BUSINESS OR Elderly Lady		Fulton	C1 .	D		SA	F WHAT	COUNTRY
13.	FATHER'S NAME	Adam Ke	llner			14. MOTHER'S MAIDEN En	NAME nma Tra	auz		iri.		
	WAS DECEASED EVER	IN U. S. ARMED F If yes, give war or dates		s. SOCIAL SECURITY NO.		csister Hix	n Hand	cock, Address				
	18. CAUSE OF DEATH	Enter only one c	ouse per lin	e for (o), (b), and (c).						INTE	RVAL BETW	EEN
		WAS CAUSED BY:	0)	Fractured	Sku1	1; Hemorrhe	ge and	shock		0143	ET AND DE	550
	812×	DUE TO										
	Canditions, if on	a mattale V	bl									
	gove rise to immedit (a), stating the un cause last,	nderlying DUE To										
CERTIFICATION	PART II, OTHE	r significant co None		CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TER	MINALDISEA	SE CONDITION GIV	EN IN PAI	1		AUTOPSY DRMED?
	20a. EXTERNAL CAUS PRIMARY & ar CONT CAUSE OF DEATH.	E WAS TRIBUTING []	Per	BE HOW INJURY OCCUR destrian tha	t wa	ter noture of injury in Pos 8 struck by	orl or Port 1	t of item 18) nobile wh:	ile c	ross	ing	stree
MEDICAL	20c. TIME OF INJURY 6 1 45 p. m.	Menth, Doy, Y	- Wh	INJURY OCCURRED 20 ile Not while vark at work	factor	E OF INJURY (Home, fo y, street, office bldg., e treet	rm. 20f. (Cit	y or town) Hagerston		was	h	(Stote) Md
	21. I certify the	at I taak charg	e of the	remains described	abav	e, held an Autop	sy , I	Inspection [7]	Inqui	гу 🖂	, an	d in my
				couses [], Accid				The state of the s		-		
	ACTUAL SIGNATURE	hole	eil	Well	7	M.D. CHIEF MEDICAL					DATE S	SIGNED
	EXAMINER'S NAME (Type)	S, Rob	ert W	ells, M.D.		DEPUTY MEDICA			3-3	-59		
220	BURIAL, CREMATION REMOVAL (Specify) Burial	3-5-5	OF	Antioch				tion (City, town, bor Ridge		mps	(Stor	Pa
23.	FUNERAL DIRECTOR'S	011	0	ADDRESS	0	240. RE	C'D BY REGIS	75.9 24b. REGI	STRAR'S SI	1975		

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funeral director, lauld be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

		()	3	6	2	
Dist	No	, ,	-			

	3523		CERTIFI	CAI	E OF DE	علاة			Reg. D	ist. No.		
o. COUNTY Washi	ngton		MARYLAI		usual residence state larylan		ere deceased	lived. If institution b. COUNTY	ashi	nce belo	re admiss	sion)
b. CITY OR TOWN (Il outside corporate limeorest town)	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWI	N (If ou		ote limits, write R	URAL ond			n)
Tagerst			Life time	1.	Magers	-	n, M	aryland				
OR INSTITUTION	TAL (II not in hospital,	ALC: N		1	d. STREET ADDRE		thel	Street				FARM?
3. NAME OF DECEASED (Type or print)	George	rst	Middle Willary		Ke yes		4. DATE OF DEATH	Mon Mar e	_	Da 17	,	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARRIED	□ B. D	ATE OF BIRTH			9. AGE (In years lost birthday)		Marie Commission		ER 24 HRS.
Male	Colored	WIDOWE	DIVORCED	J J1	ine 10	190	4	54 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI		done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE	(Stote o	or foreign co	ountry)	12. CI	ITIZEN O	F WHAT	COUNTRY
Bartende		-	aternal (1	ub	Mager	sto	own M	aryland	1	JSA.		
13. FATHER'S NAME				1.	. MOTHER'S MAI	DEN N	AME					
George	Keves				Moren	ise	Jack	sen				
15. WAS DECEASED EVI	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT			Add	ress			1
no or unanown)	(It yes, give wor or dates of	21	5-20-9949	Mis	s Lilli	an	Keye	s 3143	N. J	ena	tha	n St.
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the <u>under-</u>	b) <u>(</u>	ènera C	6	Clerus		scl	Pers	4		10	42
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT COP	of C	CONTRIBUTING TO DEATH	al	LILLIAN THE	IERAAIN		CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC YES [DRMED?
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of inju	ory in Po	ort I or Port	II of item 18.)				
20c. TIME OF INJUING Hour o.m.	RY Month, Doy, Ye	While of work	Not while		OF INJURY (Home street, office bldg			or town)	.6	(County)		(Stote)
21. I certify of olive an	attended the	decease 19		eoth oc	curred of			the causes of the cause of	nd on		te state	deceased ed above ATE SIGNES
PHYSICIAN'S NAME (Type)	200 10	sca	chang)				U	~~~~~~				/
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL)	of 9 59	22c. NAME OF GEMETE Rese Fill	-	ematory etery		400	on (City, town, erstewn	20	yla:	nd.	(e)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240	. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE ·	
Johns	RUSTA	F. C	A XODAGO	Porce	THE DAT	TRAKAD	1 3 50	a Con	Lun 8	Keny	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL COR: After this certificate has been signed by the attending physicion and capage 3 should be detached for use as the buriol-transit permit. Then please remove carbon pot the registrar prior to burial, cremotion, or removol, and in any event within 72 hours after death VS A1S (4) 1SM 9/55

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	AN CONTRACTOR	ATTENDED		
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	Internal Control			
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	and M. E. State believed		one will improve a	to Andreas II. To
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VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3622 CERTIFICATE OF DEATH

	0 0 10 10				Reg. D	Dist. No.
1. PLACE OF DEATH o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE (V	4		nce before admission) hington
b. CITY OR TOWN (If outside of RURAL and give neares) lown Hagerstow	n)	c. LENGTH OF STAY IN 16		f outside corporate lin		give nearest town)
d. NAME OF HOSPITAL (IF not OR INSTITUTION Garlock Nur			d. STREET ADDRESS			e. 15 RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	First Ada	Middle Lenora	lost King	4. DATE OF DEATH	Month March	Day Yeor 10 19 59
5. SEX 6. COLO	OR OR RACE 7. MARRI	ED NEVER MARRIED	8/26/1877	iost		R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
10a. USUAL OCCUPATION (Give I during most of working life, e House Wife	kind of work done 10b. I	Light, Light	SUSTRY 11. BIRTHPLACE (Sto	ton Co., N	12. C	U.S.A.
William Hau	ıse			M. Beard		
15. WAS DECEASED EVER IN U. S.			Informant Irs. Dessie Co		Address State Lin	ne Penna.
Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.	0 (0)	wraln of	Conterior So	clerosis		10400
CATIC	-	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [2]
200. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	LYING [] 206. DESC E OF DEATH EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Port I or Port II of i	tem 18.)	
20c. TIME OF INJURY Month Hour o. m. p. m.	Day, Year 20d. IN White of work	Not while	PLACE OF INJURY (Home, fo foctory, street, office bldg., a	rm, 20f. (City or tow	rn)	(County) (Stole)
21. I certify that I attend alive an	,	2, and that dea		A .	causes and an	last saw the decease the date stated above DATE SIGNE
	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (ity, town, or county	(Stote)
Burial 3	3/13/59	Green Hi	17	Waynesho		

	CERTIFICATE OF DEATH	1 K 5 S D S D	
To special work			
			at the second
Long ont state state			

VS A15 (4) 15M 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3623

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Washington	n	MARYLAND	2. USUAL RESI	Maryl	ere deceased live	d. If institution b. COUNTY	-	e before odmissederick	
b. CITY OR TOWN I	If outside corporate limit earest town)	ls, wrile	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corporate	limits, write RI	URAL ond gi	ve nearest town	n) 🗸
Hagerston	vn		Months		Frede	rick		101	1.2	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d. STREET			1-1-15		e. IS RES	FARM2
Western Ma	aryland Stat	te Ho	spital		126 We	st Patr	i.ek Sti	reet	YES	
3. NAME OF DECEASED (Type or print)	John Fin	(Berr		line Lo	st	4. DATE OF DEATH	MARCH	1 -	Day	Year 19 5 9
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRT	Н	9. A	GE (In years		YEAR IF UND	
Male	White	WIDOWI	DIVORCED	August !	5, 192	9 2	birthday) yrs.	Months [Days Hours	Min.
10a. USUAL OCCUPATI during most of wor Laborer	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	Maryla	ar foreign country	r)	12. CITI2	USA	COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
Arth	ur G. Kline	. Sr.		M	attie	V. Grim	es			
	R IN U. S. ARMED FOR	CES? 16.		INFORMANT		7.	OR EAdd	ess Seco	nd Stre	ent.
NO	NO NO	21		rs. Matt	ie V.	Kline,	Freder:	ick, M	laryland	i
	ATH [Enter only one country on	use per lin	1000		, ,		L-		INTERVAL BE	
581.0	IMMEDIATE CAUSE (o)	14	MONARY Ede	MAAN	d CC	NGEST	ICN		40	145
6 100	DUE TO	Pa	phill pin	1 ::		1			1 E 1	FAS KO
Conditions, if a	mmediate	10	1C1AL C/16)	240515					011	61417
couse (o), stoting lying cause lost.									- 5 5 5	
	HER SIGNIFICANT CONF		CONTRIBUTING TO DEATH BUT	NOT PELATED TO	THE TERM	NAI DISEASE CO	NIDITION CIV	TAL FALDADY	14-110 1446	ALITOREY
E	SOPHAGE	= 44	VARICES 1	4SCITE	=5.			EIN IIN FAKI	PERFO	RMED?
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	TRIBE HOW INJURY OCCURRE	D. (Enter nature a	of injury in P	art I or Part II of	fitem 18.)			
20c, TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	While		ACE OF INJURY (actory, street, affice	Home, farm, e bldg., etc.	20f. (City or to	own)	(Co	ounty)	(State)
21. I certify th	nat I attended the	deceos	ed from MARCH	11 , 1959	1, 10/1/4	1Rch 17	1959	that I lo	ist sow the	decease
alive an MA	pch 17	, 195	9_, and that death	occurred of	8:05	M, from the	e couses a	nd on the	e date state	ed above
	,	2	1 10 , 1			ADDRESS (Street,				ATE SIGNED
SIGNATURE	wants 1	1. K	andyolist	M.D. 1500	144	INSY/UA	NIA A	SUE	3-10	8-59
PHYSICIAN'S NAME (Type)	EVARISTO	P. L	ARDIZAGAL	HA	9841	Toww	Md.			
220. BURIAL, CREMATIC	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCATION	(City, town, o	r county)	(Stot	e)
Burial (Specify)	Mar.21,1	959	Mount Olive	t Cemete:	ry	Ere	derick,		Mary	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24a. REC'E	BY REGISTRAR	24b. REGIS	TRAR'S SIGN		
M. R. Etch	ison & Son,	Fred	derick, Maryla	nd	DATEMAR	20'59	ani	hung 8. +	time	

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3624

CERTIFICATE OF DEATH

Rea. Dist. No.

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Ų	7	3	0	4	0	1

Washington	MARYLAND	2. USUAL RESIDENCE (Who. STATE			
outside corporote limits, write rest town) WII	c. LENGTH OF STAY IN 16			RURAL ond give	nearest town)
con County H	ospital	d. STREET ADDRESS / 1112 S	. Potomac S	t.	e. IS RESIDENCE ON A FARM? YES NO
Daniel	Preston	Knode, Sr	4, DATE MA		Doy Yeor 1959
TARREST OF SEC. AND		June 3, 188	lost birthdoy)	Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
(Give kind of work done 10) ife, even if retired)	b. KIND OF BUSINESS OR INDU				OF WHAT COUNTRY
Alfred L.	Knod e	14. MOTHER'S MAIDEN N	Lydia C	loud	
IN U. S. ARMED FORCES? yes, give wor or dates of service)					i.
H WAS CAUSED BY:		Cardiovas c ul	lar Disease		NTERVAL BETWEEN DISET AND DEATH 5 days
mediate DUE TO	ulmonary Empl	nysema & Fil	prosis		Years.
R SIGNIFICANT CONDITIONS	ronchial Astl	nma.		IVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
UNDERLYING [] 20b. DI CAUSE OF DEATH AEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Port II of item 18.)		
Whil	e Not white fac	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	20f. (City or town)	(Coun	(Stote)
		occurred at 3:15	M, fram the causes ADDRESS (Street, city or town	and an the (date stated abave
R.A.Bell	.M.D.				3-3-59
3-5-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	, or county)	(Stote) W. Va.
SIGNATURE Minnich & S	ADDRESS	24g, REC'S	D BY REGISTRAR 24b. REG	SISTRAR'S SIGNA	TURE
	outside corporate limits, write rest town) WMN L (If not in hospital, give street on County H Daniel 6. COLOR OR RACE White (Give kind of work done of life, eyen if retired) Perk Alfred L. IN U. S. ARMED FORCES? IN U. S. ARMED FORCES? yes, give wor or dates of service) H [Enter only one cause per the WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO (c) R SIGNIFICANT CONDITIONS B UNDERLYING [] J CAUSE OF DEATH LEDICAL EXAMINER Month, Day, Year 20d. Whith 19 t I attended the decected of the county of the county R. A. Bell [22b. DATE THEREOF 3-5-59 SIGNATURE	cutside corporate limits, write rest town) WM L (If not in hospital, give street oddress) On County Hospital Daniel Preston 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DID	Outside corporote limits, write c. LENGTH OF STAY IN 1b 25 years Hagers: L (If not in hospital, give street oddress) On County Hospital Daniel Preston Knode, Sr 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NIVORCED SITURE 3, 188. Alfred L. Knode Sheperds: Alfred L. Knode Sheperds: In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Was give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Vesta K. Knode Stay, give wor or dorte of termice) In U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT IN INF	Outside corporote limits, write cried town outside corporote limits, write cert town outside corporote limits, write outside corporate limits, write outside outside corporate limits, write outside corporate limits, write outside outside corporate limits, write outside outside corporate limits, write outside of outside of sorted outside outside outside outsid	Daniel Preston Knode, Sr Death March 2, Add (in your life furtion) Divorced Divorced Individual Colored Colore

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	une 3, 1889		white	910
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		or armet la sile at the a boownitte		

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- 1	1	3	U	U	U

CERTIFICATE OF DEATH Reg. Dist. No. filed with 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) pe RURAL and give nearest town) Ponoy STOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO NO NAME OF First 4. DATE Middle Lost Month Day Year DECEASED DEATH Poges (Type or print) 19 TAMAS NCH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days DIVORCED | WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address OCUST 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420.1 **DUE TO** þ Ē ony Conditions, if any, which signed gove rise to immediate DUE TO couse (o), stating the underpuo lying couse lost. burial-transit CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 os 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m.

(State)

21. I certify that I attended the deceased from Pronounced

alive an

ACTUAL

and that death accurred at

ADDRESS (Street, city or town, state)

DEAdo AT HOME, 19 that I last saw the deceased

DATE SIGNED

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

M, fram the causes and an the date stated above

0 VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/5S

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
3626	CERTIFICATE OF DEATH	

03631 Rea. Dist. No.

								Mag. Dis	1. 110.	
1. PLACE OF DEATH a. COUNTY	ASHINGTON		MARYLA	12	USUAL RESIDENCE (W. STATE MARYI	here deceosed AND	d lived. If institution b. COUNTY		e before odmi HINGT(
b. CITY OR TOWN (I	f outside corporate limi STOWN	ts, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF	outside corpo RSTOWN		URAL end gi	ive nearest tov	vn)
	AL (If not in hospitol, of POTOMAC S		oddress)		d. STREET ADDRESS 271 S. PC	TOMAC	ST.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	JAMES	st	JOSEPH	N	Lost IATTHEWS	4. DATE OF DEATH	MARCE		Day 21	Yeor 19 59
5. SEX MALE	WHITE	7. MARI	NEVER MARRIED DIVORCED		11/18/190)1	9. AGE (In years lost birthdoy) 57 yrs.	Months	YEAR IF UNI	DER 24 HRS. Min.
Oo. USUAL OCCUPATION during most of work TOO I. M. 3. FATHER'S NAME	ing lite, even it refired	done 10b.	AIRCRAFT	CO.	MARYLA MOTHER'S MAIDEN	AND	ountry)		U.S.A.	
JAMES	MATTHEWS				MARY Mo		ուր			
S. WAS DECEASED EVE Yes, no or unknown!	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	214-09-787	17. INFO			Addi	HAGE	RSTOW	V
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (d		ne for (a), (b), and (c).	H					INTERVAL E	
260 X Conditions, if o			acute co	rona	ry thrombos	is			lhr.	
gove rise to i couse (o), stoting lying couse lost.	mmediote Dus TO		Diabetes	M					19 у	rs
PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS PERF YES	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter noture of injury in	Port I or Por	1 11 of item 18.)			
20c. TIME OF INJUR	Y Month, Day, Ye	While	NJURY OCCURRED 20 Nat while k at wark	le. PLACE foctory	OF INJURY IHome, fars , street, affice bldg., et	m, 20f. (City	or town)	(Co	ounly)	(State)
	at 1 attended the 30.22	., 195		eath oc	19 40 , 10 N • Pc	M, fran		ind an the		ted abave
PHYSICIAN'S C NAME (Type)	. Robert W	ells	M. D.							
20. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	N, 22b. DATE THEREO		22c. NAME OF CEMETE ROSE: F	RY OR CI	CEM		GERSTOW	or county)	MD.	ole)
23. FUNERAL DIRECTOR	S SIGNATURE A	14	ADDRESS HOLD	ne i	MAL DATE M	AR 2 4	RAR 24b. REGIS	TRAR'S SIGN		

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				Successive Contract C
Sanga Palesta - Memod Sitt of				Appellus Seguiro Car.
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		4 4		
			The A Cale and Park	

ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haups

03635

		3627		CERTI	FIC.	ATE OF DE	ATH	1		Reg. Dist		7000
1,	PLACE OF DEATH a. COUNTY	ashington		MARY	LAND	2. USUAL RESIDEN	ryla		lived. If institution b. COUNTY		ingto	
	RURAL ond give n	erstown		5 WES				utside corpor	ate limits, write R	URAL and gi	ve nearest to	awn)
	OR INSTITUTION	TAL (If not in hospitol, go a County Ho				d. STREET ADD		irgin:	ia Ave.		10	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	CLAREN	CE	Middle ANDREW	Ţ.	McCOLLUM		4. DATE OF DEATH	Man M8	n arch	Doy 29	Yeor 1959
5.	Male	6. COLOR OR RACE White	7. MARR	NEVER MARRI		B. DATE OF BIRTH August 6	,190		9. AGE (In years lost birthdoy) 54 yrs.		YEAR IF UN	NDER 24 HRS
	Bus Med	ON (Give kind of work rking life, even if retired Chanic	done 10b.	KIND OF BUSINESS O					ontry) nty,W.Va		USA	HAT COUNTR
13.	FATHER'S NAME	W.McCollum				14. MOTHER'S MA		Rouse				
		ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO	1	NFORMANT Margaret			ım 1106	nag	erstov inia /	wn,Md. Ave.
		immediate (A	ongestive	е Не	eart Fail				•	ONSET A	eeks.
CERTIFICATION		HER SIGNIFICANT CON	N	one.						EN IN PART	PER	AS AUTOPSY REORMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of ir	njury in P	ort 1 or Port	Il of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Ye	While of work		fo	ACE OF INJURY (Hor ctory, street, office bl	ldg., etc.)			ounly)	(Stote
		hat I attended the Irch 28	decease 19.5	M.D.	death		2:4	5M, Aram ADDRESS (Str h Pot	29, 19 58 the causes a eet, city or town, omac St wn, Mar	nd an the	e date st	ated abay
220	BURIAL, CREMATIC REMOVAL (Specify Burial)	1959	22c. NAME OF CEM		R CREMATORY		22d. LOCAT	ION (City, town, o	or county)		itote) Va.
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24	4a. REC'I	LEX REGISTI	RAB 24b. REGHS	TRAR'S SICH	NAMELA	

DATE

Rest Haven Funeral Chapel Inc. Hagerstown, Md.

When. a. Horst U-Pres.

may be retain TO FUNERA VS A15 (4) 1SM 9/S5

DEPARTMENT OF MEALTHEAD PARTMARK, THE	TRATE GUALVEAN
CERTIFICATE OF DEATH	4808
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	LONG TRANSPORT TO HERE RESIDENCE AND ADDRESS OF THE PARTY.

VS. A15ME(5) 5M 9/55 腳

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		NT OF HEALTH-		
3628 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	D

Reg. Dist. No. (13633

1. PLACE OF DEATH a. COUNTY	Washing	ton	MARYLAND	2. USUAL RESIDENCE	(Where decease y land		Montgo		nission)
and give nearest town	outside corporate limits, write stown	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write		give nearest to	own) V
	Maryland C		pital, give street oddress) : Hospital	d. STREET ADDRESS	3939 ecexturx	Newdale XVCCCCX	Road	10	RESIDENCE A FARM? NO [3]
3. NAME OF DECEASED (Type or print)	Sarah	reit	Middle Jane	Lost Mead	4. DATE OF DEATH	Mar		Day 9	Yeor 19 ⁵⁹
5. SEX FeMale	White	WIDOWED	DIVORCED [DATE OF BIRTH		9. AGE (In years lost birthday) 43 yrs.		YEAR IF UNI	
10a. USUAL OCCUPATION during most of working SALESLAD	ON (Give kind of working life, even if retired)	done 10b. K	ST & CO.	RY 11. BIRTHPLACE (Stot	e or foreign co	ountry)		EN OF WHAT	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
JAMES WESLE	Y MEAD			ADA JOY					
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of NO	service)		r. Kenneth I	P. Mead	Address, 2706 T	erripi		
	diote couse) <u>G</u>	un shot wound arcinomatosis Bilateral bron	of peritoner	ım	in		DISET AND D	eath OB
CATIO			NTRIBUTING TO DEATH BUT N				VEN IN PART		AUTOPSY ORMED?
	USE WAS NTRIBUTING 20	Sho	t self thru sk	nter noture of injury in 80 ull with 38	revolv	of item 18.) er			
20c. TIME OF INJUING HOUR 2006 N. M.		While		CE OF INJURY (Home, for ory, street, office bldg., et thome	(c.)	or town) sington	(Coun	gomery	(Stole) Md
21. I certify th	hat I taak charge	of the r	emains described aba	ve, held an Autop	sy An	spection 4	Inquiry	, and	find that
death resulted	fram: Natural	causes [, Accident , Sui	cide 4. Homicid	le 🔲, Un	determined o	cause .		
ACTUAL SIGNATURE	P. Pole	ut	wells	_M.D. CHIEF MEDICAL				DATE	SIGNED
EXAMINER'S NAME (Type)	S. R	obert	Wells, M.D.	DEPUTY MEDICAL			3-	-20-59	
220. BURIAL, CREMATIC REMOVAL (Specify)	3/23/59	OF .	22c. NAME OF CEMETERY OR BURTONSVILLE U			ION (City, town, NTGOMERY		Y, MD.	te)
22 FUNERAL DIRECTOR	'S SIGNATURE PUMPHREY	INC.	ADDRESS SILVER SPRIM	10 1/11	AR 2 3 5	AR 24b. REGI	STRAR'S SIGN	NATURE	

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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3629	CERTIFICA	ATE OF DEAT	Н	Reg. Dist.	No. 302
1. PLACE OF DEATH a. COUNTY Washinto	on	MARYLAND	2. USUAL RESIDENCE (Waryl	/here deceased lived. If ins b. COL	INTY	before admission)
b. CITY OR TOWN (If outside car RURAL and give nearest town) Hagerstown	porate limits, write c.	LENGTH OF STAY IN 16	2	outside corporote limits, wi	rite RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in 2075 Greenfield	haspitol, give street odd	ress)	d. STREET ADDRESS	field Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CKATE	ERINE E	FENTON Middle	MILLER	4. DATE OF DEATH	Month [arch	Day Year 12 19 59
5. SEX 6. COLOR White		NEVER MARRIED DIVORCED	B. DATE OF BIRTH July 5, 1871	9. AGE (In y	ears IF UNDER 1 Y	EAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kin during mast af working life, eve Housewife	d af wark dane 10b. KIN	ID OF BUSINESS OR INDU	Quincy, I	llinois		N OF WHAT COUNTRY
13. FATHER'S NAME William	W. Fenton		14. MOTHER'S MAIDEN	NAME Catherine Gut	hrie	
15. WAS DECEASED EVER IN U. S. A (Yes no. or unknown) (If yes, give wor	RMED FORCES? 16. SOO		Elizabeth T.	Miller Ha	Address gerstown,	Maryland
Conditions, if any, which	/1 1	erio Scler rillatini+7	oli Heart	Lisenso vin		240 4
gove rise to immediate cause (a), stating the underlying cause lost.	(c)	ITPRODUTING TO DEATH BUT	NOT RELATED TO THE TERM	Albuar Disease Condition	A CIVEN IN BART V	ALIG WAS ALITORSY
ZOD. ACCIDENT WAS UNDERLY	NG TI 20b. DESCRIE		D. (Enter nature of injury in			PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF C		Nat while fo	ACE OF INJURY (Hame, far ictary, street, office bldg., et	m, 20f. (City or town)	(Cour	nty) (State)
21. I certify that I attendative an 10 Mer	ded the deceased		, 1957, ta/	M, fram the caus	es and an the	t saw the decease date stated above
PHYSICIAN'S NAME (Type)	Lusby		Haye	rownae s	MI	12 Mar 57
220. BURIAL, CREMATION, 22b. DA REMOVAL (Specify) 3/3	TE THEREOF 2.	Alliance Cen		22d. LOCATION (City, to	Iwn, ar county)	Ohio (State)
23. FUNERAL DIRECTOR'S SIGNATUR Suter-Rouzer Ful		ADDRESS Hagerstown		D BY REGISTRAR 24b.	REGISTRAR'S SIGNA	

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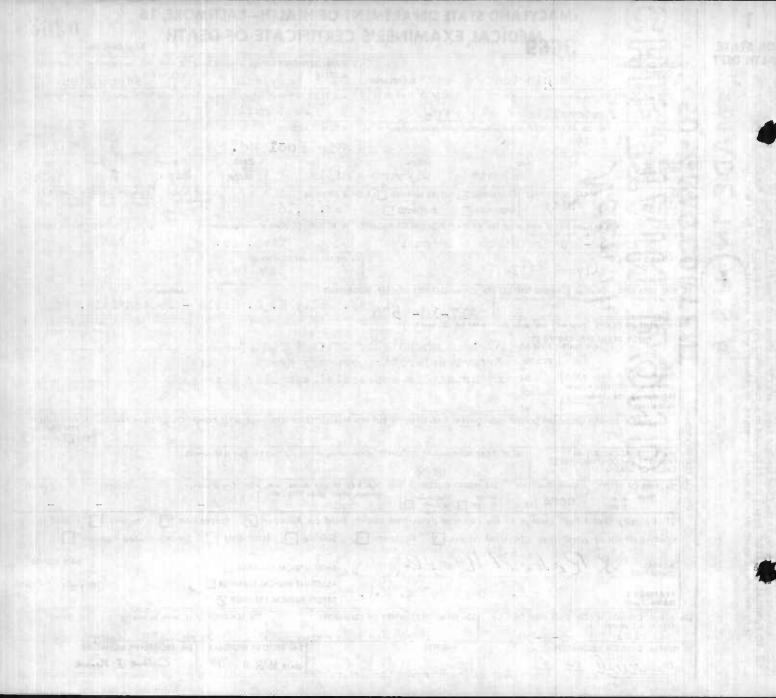
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VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3669 EDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Washington MARYLAND b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pectonville Pectonville Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 17 Big Pool Md. 3. NAME OF Middle 4. DATE First Month DECEASED Garrett Clymar March 19 59 DEATH (Type or print) 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Male White Months Days Hours Dec. 1,1894 WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Operator-Grocery Store Grocerv Wash. Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alvery Mills Emma Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 66Mrs. Sally E. S. Mills - Pectonville, Md 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). DNSET AND DEATH PART I. DEATH WAS CAUSED BY Acute & chronic coronary thrombosis IMMEDIATE CAUSE (o) 420.1 Arteriosclerotic coronary heart disease DUE TO Canditions, if any, which Hypertensive myocardial vascular disease gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. none 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Slote) factory, street, affice bldg., etc.) none of work of work none 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [K], Inquiry opinion death resulted from: Notural causes 🖈 Accident 🗋, Suicide 🗋, Hamicide 🗍, Undetermined manner Robert Wells DATE SIGNED ASSISTANT MEDICAL EXAMINER March 2159 S. Robert Wells, M.D. EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Burial Park Head Cemetery ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR arihur S. Frans DATE MAR 9



3630

CERTIFICATE OF DEATH

03636

, PLACE OF DEATH o. COUNTY				Dist. No.
WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If institution: Residence b. COUNTY	/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF ou	tside corporate limits, write RURAL and	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of	FIVE MONTHS	4 670667 4000566	KURAL /	2 X
OR INSTITUTION WESTERN MARYLAND ST	ATE HOSPITAL	d. STREET ADDRESS	LE MID. ROUTE	ON A FARM? YES X NO
NAME OF DECEASED (Type or print) EVA	TRENE	Ments lost	4. DATE Month OF DEATH MARCH	Doy Year 1959
6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND) lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS.
FEMALE WITTE WIDOWE		10ULY-15.19	106 52 m.	Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BRTHPLACE (Stole o	r foreign country) 12. (CITIZEN OF WHAT COUNTRY
	AN HOME	MYERSVILL		D. 4.512.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
ELMER VALIV	SIEL	CANI	E MUSER	
5. WAS DECEASED EVER IN U. S. ARMED FÖRCES? 16. S (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
NO	NONE C	OHN F. MOATS	MYERSYILLE FR	RED. CO. IVID. R
18. CAUSE OF DEATH [Enter only one couse perlin	ne for (a), (b), and (c).]		1 1 1:11	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(MONAROE	450/05, 18/1/0	WER LODE 14+10	IN 3 days
153.3 DUE TO D_	1	,	. 500	1 5 118 10c
Conditions, if ony, which) (b) RE	eurren/	CARCINOMATO	sis- signoid	C) YENKS
gove rise to immediate couse (a), stating the under-				/
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Po	ort I or Port II of ilem 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m. 19 While of work	Not while	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)
21. I certify that I attended the decease	ed from aC+10	1958, 10 MA	ach 6 1954 that	l last saw the decease
alive on MARCH 5 190		th occurred at 3:30 A	M, fram the causes and an	
4 , 2 1			DDRESS (Street, city or town, state)	DATE SIGNI
SIGNATURE GWOWN to L. X's	v degobse	M.D. 1500 181	mylvacia AU	8
	1/ 1: 1	.)/	21	
PHYSICIAN'S EUARUSTO R.	LA LLIZALIL	- (-) A 98AS	Town Md	
NAME (Type) LUA CISTO R. 120. BURIAL, CREMATION, 22b. DATE THEREOF	LA LLIZALAL 22c. NAME OF CEMETERY	OR CREMATORY	TOWN, MA. 22d. LOCATION (City, town, or county) (Stote)
NAME (Type) LOACISTO R.			TOWN, MA. 22d. LOCATION (City, town, or county NIVERSVILLE FREE	(Stote)
NAME (Type) LOA COTTO R. 20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)		EMETERY	121	O. CO.MD.

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurmay be retained by the hospital or attending physician.

TO FUNERAL CORP. After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

funeral/director.

ofter death. Page 4

VS A1S (4) 15M 9/55

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	(days)		

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18	3
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3631	CERTIFIC	ATE OF DEATH	l l	Reg. Dist. No. (1363)
1. PLACE OF DEATH a. COUNTY WASHING TO W	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	AND b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	8 days		stride corporate limits, write RU Smithsburg	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	SPITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FLORA I	Middle SpiTH	MORGAN	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MARRIED TO WIDOWED	DIVORCED 🔲	8. DATE OF BIRTH APR 16, 18	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours Min.
	a home	STRY 11. BIRTHPLACE (SIGNE OF A EPERIC	or foreign country) K COUNTYMO	12. CITIZEN OF WHAT COUNTR
William Brandenbur		Rohann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no. or unknown) (It yes, give wor or dates of service) none		NFORMANT Llph E. Morg	an, Smithsbu	
18. CAUSE OF DEATH [Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under: lying couse lost. (c)	(b), and (c).]	lake puli	noncry tube	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTIONS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	art d	NOT RELATED TO THE TERMIN		IN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 12 NO 1
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OF Hour o. jn. While Not	CCURRED 20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote
21. I certify that I attended the deceased from alive on March 20, 19,57, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) John C. Stauf	and that death	occurred at 725	Mon 4 25, 1959. M, from the causes at DDRESS (Street, city or town, s.) S. Proffeld	that I last saw the deceased on the date stated about the DATE SIGN
Burial Mar. 23, 1959 St.	Mark s	Lutheran W	22d. LOCATION (City, lown, or Olfsville, F) BY REGISTRAR 24b. REGIST	

DATE MAR 2 3 '59

Orthur S. Kraus

Myersville

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unerol director, executed within 24 haurs after death. Poge 4 by the hospital ar attending physician. OR: After this certificate has been signed by the attending physician and campletely filled in by the control of the principle of the p page 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registror prior ta burial, cremation, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO FUNERAL DI

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03638 Rea. Dist. No.

100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 111. BIRTHPLACE (State or foreign country) 112. CITI 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you give wor or dote of sevice) 116. SOCIAL SECURITY NO. 17. INFORMANT 117. INFORMANT 118. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 119. PART I. DEATH WAS CAUSED BY: 119. IMMEDIATE CAUSE (a) 120. ACCIDENT WAS UNDERLYING [1] 120. ACCIDENT WAS UNDERLYING [1] 120. ACCIDENT WAS UNDERLYING [2] 200. TIME OF INJURY MONTH, Day, Year 201. I CERTIFY THAT I of idem 18.] 210. TIME OF INJURY MONTH, Day, Year 211. I CERTIFY that I ottended the deceased from March [7] 212. I certify that I ottended the deceased from March [7] 213. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT 117. INFORMANT 118. TRIPLY OF THE MARCH PARTY AND THE TERMINAL DISEASE CONDITION GIVEN IN PARTY OF THE TERMINAL DIS	st. No.
A NAME OF HIGHTAIN AND STATE HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF HIGHTAIN AND STATE HOSPITAL OR STITUTION S. SEX O. COLOR OR RACE [7. MARRIED] NEVER MARRIED] B. DATE OF BIRTH OUT OF DECEASED OF THE HOSPITAL OF STATE O	te before admission)
d. NAME OF HOSPITAL (If not in hospital, give street address) J. NAME OF OF ITSITUTION S. NAME OF OF ITSITUTION S. SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. SUNTAIN 10. S	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF First Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVO	0627.2
DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	e. IS RESIDENCE ON A FARM? YES NO
100 USUAL OCCUPATION (Give kind of work done of work done during most of working life, even if retired) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI	Day Year 2.3 1959
13. FATHER'S NAME 14/MOTHER'S MAIDEN NAME 14/MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14/MOTHER'S MAIDEN NAME 14/MOTHER'S MAIDEN NAME 14/MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. ACCIDENT WAS UNDERLYING TO PAY GOLD REPORT OF THE PAY OF THE PA	1 YEAR IF UNDER 24 HRS. Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3	ZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA BILATERAL Canditions, if ony, which gave rise to immediate couse (a), stoling the under lying cause last. DUE TO Canditions, if ony, which gave rise to immediate couse (a), stoling the under lying cause last. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Candida hypertrophy and generalized atherosclerosis OR CONTRIBUTING CAUSE OF DEATH OR CONTRIB	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cress and
Canditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Candiac hypertrophy and generalized atheroscients 20a. ACCIDENT WAS UNDERLYING (Contributions) OR CONTRIBUTING (Contributions) OR CONTRIBUTING (Contributions) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) While of work (Contributions) 20c. TIME OF INJURY Month, Day, Year (Contributions) P. m. 19 and while of work (Contributions) 21. I certify that I ottended the deceased from March 9, 1959, to March 23 1959, that I alive on March 23, 1959, ond that death occurred of Sile PM, from the causes and on the causes ond on the cause of the cause of the cause of the cause of the cause ond on the cause of the caus	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Cardiac hypertrophy and generalized atherosclerosis 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of twark of wark of twark of wark of wark of wark of wark of wark of twark of wark of twark of wark of twark of tw	Iday
Candiac hypertrophy and generalized atherosclerosis 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 19 (20d. INJURY OCCURRED while of wark of other or work) 20c. TIME OF INJURY Month, Day, Year 19 (20d. INJURY OCCURRED while of wark of other or work) 21. I certify that I ottended the deceased from March 9, 1959, to March 23 1959, that I alive on March 24 1950, the march 25 1950, the march	4 MONTHS
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While National Processing of work 19	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I ottended the deceased from March 9, 1959, to March 23 1959, that I I alive on March 23, 1959, ond that death occurred at 8110 PM, from the causes and on the	
alive on March 23, 1959, and that death occurred at 8110 PM, from the causes and on the	ounty) (State)
, in the desired of the state o	ost saw the deceosed
ACTUAL SIGNATURE Victur L. Lann, M.D. Western Md. State Hospital	DATE SIGNED
PHYSICIAN'S NAME (Type) VICTOR L. Ramos Hagerstown, marylan	d
220. BURIAL, CREMATION, REMOVAL (Specify) MARCH 77, SQ FLLS WORTH CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS PARE MAR 2 6 59	

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DEADLE STEVENS	

VS A15ME 5M 2/57

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y, please	ord "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer Vicector. Page man	r files.	Heolth,	(N	1
is mecessor	r lirecto	you	d be used as a burial-transis permit. File pages 1 and 2 with the State Foord of Health,		(20
ny delay i	the funer	e retain	the State	ter death.		
oth. If or	and 3 to	5 may b	12 with	hours of		
offer dec	es 1, 2, c	3. Poge	ges I onc	within 72	,	1
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e execute	ncil in It	Office of	al-transit	emoval,		
shauld b	g' in pe	aminer's	ns a buri	ial, crematian, ar removal, and in any prent within 72 hours after death.		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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					Reg. Dist. No.	
PLACE OF DEATH o. COUNTY	3670 Washington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here deceased lived. If Inst b. COUN		ore odmission)
and give negrest town)	Smithsburg	c. LENGTH OF STAY IN 16		outside corporate limits, wri	ite RURAL and give ne	torest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	pital, give street address)	4 STREET ADDRESS 24 W	. Water St.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	John	Middle Arnold	Myers, Jr.	OF	March 30.	Yeor 19 59
male	6. COLOR OR RACE 7. MARRIE WIDOWE		lay 12, 194	5 9. AGE (In years lost birthday) 13 yr	IF UNDER TYEAR Months Doys	Hours Min.
during most of working	ON (Give kind of work done 10b. K g life, even if relired)	(IND OF BUSINESS OR INDUST	Hagerst		12. CITIZEN OF	WHAT COUNTRY?
J. FATHER'S NAME	ohn Arnold My	ers, Sr.	14. MOTHER'S MAIDEN NA	The second secon	. Reynold	ls
	ER IN U. S. ARMED FORCES? [If yes, give war or dates of service]		Arnold My	ers, Sr., S	 Smithsbur	g, Md.
PART I. DEAT	DUE TO M	pen fracture s Waltiple fractu Hemorrhage a	res of extrem	ities	ONSE	T AND DEATH
PART II. OTH 200. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	HER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	TAL DISEASE CONDITION C		PERFORMED?
	ISE WAS 206. DESCRIB	e how injury occurred. (E balance and fe		· ·	one Quarry	
20c. TIME OF INJUR Hour XXX.m. 5 1 15 p. m.	While	INJURY OCCURRED 20e. PLACE focts of work 3	ce of INJURY (Home, form, bry, street, office bldg., etc.) tone Quarry	20f. (City or town) Rural -Cat	(County) vetown Wa	(Stole) sh Md
	resulted from: Notural of	couses . Accident			d, Inquiry [],	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Robert We		_M.D. CHIEF MEDICAL EXA ASSISTANT MEDICA DEPUTY MEDICAL E	L EXAMINER	3-31-59	DATE SIGNED
REMOVAL (Specify) DUTIAL D. FUNERAL DIRECTOR	S SIGNATURE	22c. NAME OF CEMETERY OR Smithsburg ADDRESS	Cemetery 240. REC'D		Md	_
NAME (Type) Ro. BURIAL, CREMATIO REMOVAL (Specify) OUTIAL D. FUNERAL DIRECTOR	22b. DATE THEREOF 4-2-59	22c. NAME OF CEMETERY OR Smithsburg ADDRESS	Cemetery 240. REC'D	22d. LOCATION (City, fowr Smithsburg BY REGISTRAR 24b. REG	n, or county)	(S

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Comment of the state of the sta		*UNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by uneral director.	ge 3 shauld e detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2	
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Urs arre	.4	by	19 2 PI	1
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MDIS	physician	as been	al-transi	aval, an
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2000	he haspi	R: After	ached fo	burial, c
	ned by t	0	de det	e registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.
4	be retail	YERAL D	3 shaul	gistrar
?	2	5	96	1

3633	CERTIFICA	ATE OF DEATH	Rea.	11364 Dist. No.
1. PLACE OF BEATH o. COUNTY ashington	MARYLAND	2. USUAL RESIDENCE (Where of STATE Maryland	b. COUNTY Wash	dance before admission)
b. CITY OR TOWN (If outside corporate limes and give nearest town) Hagerstown	2 weeks	c. CITY OR TOWN (If outside X Williamspo	e corporore mails, write kokat of	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, Washington County	give street oddress) Hospital	d. STREET ADDRESS 7 South Ver		e. IS RESIDENCE ON A FARM? YES NO M
	othy Irene	D	DATE Month OF DEATH March	Doy Yeor 14 19 59
Femals White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH March 5, 191	8 41 yrs. O Month	DER 1 YEAR IF UNDER 24 HRS. S Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work duma most of working life, even if retired HOUSEWITE	done 10b. KIND OF BUSINESS OR INDU At Home	Funkstown,	Md.	CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Charles Edward I		L11y N. D1	ck	
15. WAS DECEASED EVER IN U. S. ARMED FO	service)	r. Edward J.	Pearman Willi	Vermont St.
gove rise to immediate couse (o), stating the under-	O UREMIA CARDIOVASCULAR RI			INTERVAL BETWEEN ONSET AND DEATH TWO WEF UNKNOWN
PART II. OTHER SIGNIFICANT CON	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT			
	ear 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20	or Port II of item 18.) f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Doy, Ye Hour o. m. 19	of work of work	ctory, street, office bldg., etc.)		
ACTUAL SIGNATURE DULLE DOP	e deceased fram FEB 23,, 19 59 , and that death Cobus Ofus ERT COHEN, M.D.	M.D.	, from the causes and an ESS (Street, city or town, state)	the date stated above DATE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREO		.41	MARYLAND LOCATION (City, town, or county	MARCH 14, 1959 (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	1111amsport	Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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and the second of the second o	The ser Fred is, 19 thought to de

erein filled in by e funeral director, Poges 1 and 2 should be filed with ofter death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain by the haspital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the ottending physicion and cam page 3 should be detached for use as the burial-transit permit. Then please remove carban page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after deat TO HOSPITAL

VS A15 (4) 15M 9/58 00

3634 CERTIFICATE OF DEATH Reg. Dist. No.	13641
1. PLACE OF DEATH a. COUNTY Washington 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before a. STATE Md. COUNTY Wash.	admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	est town)
OR INSTITUTION	IS RESIDENCE ON A FARM?
1046 Carroll Hgts. Blvd. 1046 Carroll Hgts. Blvd.	YES NO X
3. NAME OF DECEASED (Type or print) First Middle Pearson 4. DATE OF DAY	19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days	Hours Min.
female white widowed Divorced July 14, 1912 46 yrs.	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teanher Public schools Weverton, Md. 12. CITIZEN OF USA	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	NI J.
Abner B. Bingham Annie L. Robosson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. or unknown) (If yes, give war or dates of service) O. C.	
no 219-36-4084 Robert E. Pearson Hagerstown, Md.	
ONSE	RVAL SETWEEN ET AND DEATH
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154X DUE TO E melastares to liver	
Conditions, if ony, which (b) (b)	
couse (o), stoting the <u>under</u> . lying couse lost.	
, (-)	WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work at work	(Stote)
21. I certify that I attended the deceased fram 24 DEC. 19.58, to 11 MAR., 19.59 that I last saw alive an 8-11 MARCH 19.59, and that death accurred at 1:30AM fram the causes and an the date ADDRESS (Street, city or town, stote)	
SIGNATURE / SIGNATURE / M.D. 1135 POTOMAC AVENUE 11 PHYSICIAN'S RECHARD T. BENFORD, M. D. HAGERSTOWN, MARYLAND	_MAR59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	Pa (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Fred W. Kraiss Hagerstown, Md. DATE AR 1 3 '59 Cullum 2. Thomas	E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PLACE OF DEA O. COUNTY		ington	M	ARYLAND	2. USUAL RESIDENCE	E (Where decease	b. COUNT		sh.	dmission)
RURAL ond Hag	OWN (If outside corporate neorest town) erstown		17 day		c. CITY OR TOWN	N (If outside corpo	prote limits, write	RURAL ond	give nearest	town)
d. NAME OF OR INSTITUTE WAShi	HOSPITAL (If not in h ITION ngton Co	unty H	ospital		d. STREET ADDRE	ESS				RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)		lia ^{First}	Myrtle		ettepľäce	4. DATE OF DEATH		larch	7, Day	Year 19 59
femal	e whi	te wido		RCED [1888	9. AGE (In years last birthdoy) yrs	Months		UNDER 24 HF
10a. USUAL OCC during most Seam	UPATION (Give kind of working life, even STPSS	if caticaci)	b. KIND OF BUSINE		re Fred		Co., Md		TIZEN OF V	HAT COUNT
13. FATHER'S NA		n Wise			14. MOTHER'S MAIL	DEN NAME	Fannie	Sel	sam	
15. WAS DECEAS (Yes. no. or unknown)	ED EVER IN U. S. AR		6. SOCIAL SECURITY 214-28-7			ls Wise	, Box 5	dress	aveto	wn, M
	OF DEATH [Enter on		line for (o), (b), and	(c).]					INTERV	AL BETWEEN
33/	I. DEATH WAS CAU	DUE TO	erebral	J. GOV						eks
Condition: gove rise couse (o), s lying couse	s. if any, which to immediate toting the under-	DUE TO (b) DUE TO (c)	eneraliz	ed Ar	terioscl				5 3	re.
Condition gove rise couse (o), s lying couse	s. if any, which to immediate toting the under-	DUE TO (b) DUE TO (c) ANT CONDITION	eneraliz	ed Ar		TERMINAL DISEAS		IVEN IN PAR	5 J	re.
Condition: gove rise couse (a). Lying couse (b). Lying couse OR CONTRIB (IF EITHER, N 20c, TIME OF Hour	s. if any, which to immediate to immediate to lost. H. OTHER SIGNIFICAL TO THE SIGNIFICANT TO THE SIGNIF	DUE TO (b) DUE TO (c) ANT CONDITION GG COMMINER) Day, Year 20d White	eneraliz	ed Ar	terioscl	TERMINAL DISEAS ry in Port I or Por	t II of item 18.)		5 J	VAS AUTOPS
Condition: gove rise couse (a). Lying couse (b). Lying couse OR CONTRIBUTE OR CONTRIBU	IMMEDIATE (s. if any, which to immediate toting the under- plost. II. OTHER SIGNIFICA NIT WAS UNDERLYIN UTING CAUSE OF IOTIFY MEDICAL EXA INJURY Month, a. ft. p. m. Ify that I attend	DUE TO (b) DUE TO (c) ANT CONDITION (G	SCONTRIBUTING TO ESCRIBE HOW INJURY INJURY OCCURRED Be Not white ork of work cased fram.	DEATH BUT Y OCCURRED 20e. PLA foot	NOT RELATED TO THE	ry in Port I or Port, form, 20f. (City, etc.)	y or town) 19 The causes treet, city or town	that I and on t	T 1(0) 19. y YE County)	VAS AUTOPS ERFORMED? S NO [

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TO FUNERAL Page 3 shau VS A15 (4) 15M 9/55

il director, filed with

gned by the attending physician and campletely filled permit. Then please remove carbon papers. Pages 1 in any event within 72 hours after death.

ofter death: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2C2MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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director. Po your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the catificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be "marded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL CAECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State as its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

4 shauld by VS. A15ME 5M 2/57

VVVVVXV

	9090						Reg. Dist. N	0. 302
1. PLACE OF DEATH	Washington	MAR	RYLAND	a. STATE	ICE (Where decease	ed lived. If institu b. COUNT		
b. CITY OR TOWN and give rearest to Hagers		D.O.A.	Y IN 1b	c. CITY OR TOV	VN (If outside corp		RURAL and give	nearest town)
d. NAME OF HOSP		not in hospital, give street addresspital	ess)	d. STREET ADDR	-			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	PATRICIA First	Middle KAY		PITTS	4. DATE OF DEATH	March	h Doy	Yeor 19 59
5. SEX Female		MARRIED NEVER MARRIE		ATE OF BIRTH		9. AGE (In years last birthday) yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPAT during most of worl None	TION (Give kind of work do king life, even if retired)	ine 10b. KIND OF BUSINESS OF	RINDUSTRY		(State or foreign co		12. CITIZEN C	OF WHAT COUNTR
13. FATHER'S NAME Fran	k J. Gambino		1	4. MOTHER'S MAII				
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORG			PRMANT SS. Lois	L. Pitts	Address	town, Ma	ryland
Canditians, if gave rise to imm (o), stating the couse lost.	underlying DUE TO							
PART II. O		TIONS CONTRIBUTING TO DEA					VEN IN PART 1(0)	PERFORMED? YES IN NO
PRIMARY LI OF CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m	URY Month, Day, Year	none 20d. INJURY OCCURRED While Not while of work of the orthography	20e. PLACE		, farm, i 20f. (City		(County)	(State)
	h resulted from: N	of the remoins describe			topsy 🕱, In], Homicide	spection X. Undete	Inquiry	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	0/.10	ert Wells, M.D.		ASSISTANT N	CAL EXAMINER COMMENTER	_	3-18	DATE SIGNED
220. BURIAL, CREMAT REMOVAL (Specific Burial 23. FUNERAL DIRECTO	3/19/19!	22c. NAME OF CEME	Cene	tery 240.	22d. LOCAT	ION (Cily, lown,		(State) ryland
Burial 23_FUNERAL DIRECTO	3/19/19!	ADDRESS		240.		RAR 246. REGI		IRE

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3637

CERTIFICATE OF DEATH

Reg. Dist. No.

o. STATE	- h COUNT	V	fore admission)
2	According to	RURAL and give r	nearest town)
d. STREET ADDRESS /845 Woodlar	nd Way		e. IS RESIDENCE ON A FARM? YES NO
Pollard	4. DATE MOF DEATH MATCH	onth	31 1959
Manush 20 76			AR IF UNDER 24 HRS. Hours Min. 12
			OF WHAT COUNTRY
		_	and
e frema	lue_		NSET AND DEATH
		IVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
		(Count	y) (Stote)
factory, street, office bldg., etc			,, (5.6.6)
	M, from the causes	and an the d	
1) 710/1	1-1 MARAP		
V OR CREMATORY	22d. LOCATION (City, town	, or county)	(State)
2 3 18 N Y OR CREMATORY Cemetery	22d. LOCATION (City, town Hagerstow)	, or county)	(State) Maryland
	o. STATE Maryl c. CITY OR TOWN (IF of the content	Death Maryland c. CITY OR TOWN (If outside corporate limits, write Hagerstown d. STREET ADDRESS / 845 Woodland Way Lost Pollard 4. DATE OF DEATH March DEATH March DEATH March 11. BIRTHPLACE (Stole or foreign country) Hagerstown, Maryland 14. MOTHER'S MAIDEN NAME Hildegarde Rich 17. INFORMANT Mr. Weir Pollard Hagerston BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF DEATH DEATH ACT DEATH March P. AGE (In yeor lost birthdoy, ye North Maryland 14. MOTHER'S MAIDEN NAME Hildegarde Rich BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF DEATH DEATH ACT DEATH March P. AGE (In yeor lost birthdoy, ye North March DEATH P. AGE (In yeor lost birthdoy, ye North March DEATH March DEA	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give of Hagerstown d. STREET ADDRESS / 845 Woodland Way Pollard Pollard

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HEALTH DEPT.

recessory, please your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a execute the perificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL EXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State by an its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03645

Reg. Dist. No. 302

1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If instit o. STATE Maryland b. COUN	
b. CITY OR TOWN (If outside corporate limits, write BURAL and give recrest town) Hagerstown	c. LENGTH OF STAY IN 16 2 months	c. CITY OR TOWN (If outside corporate limits, write 3 Hagerstown	e RURAL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in Long Meadow Apts. Norther		Long Meadow Apts. Northe:	o. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print) MAY	Middle PR	EECE 4. DATE Mon	th Day Year 24 19 59
		DATE OF BIRTH uly 21, 1910 9. AGE (in years (out birthday) 48 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Housewile	0b. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Slole or foreign country) Oxted Surrey, England	12. CITIZEN OF WHAT COUNTRY! England
13. FATHER'S NAME Charles Putnam		14. MOTHER'S MAIDEN NAME Annie ? James	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates at service)		eonard W. Preece Hage:	rstown, Maryland
CONDITIONS OF DESTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	Acute ventricula	r fibrillation or related to the terminal disease condition Gi	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Hour a.m. None	None	TE OF INJURY (Home, form, 120f. (City ar lown) Try, street, office bldg., etc.)	(County) (State)
21. I certify that I taak charge of the opinion death resulted fram: Nature Actual SIGNATURE & Robert W. EXAMINER'S NAME (Type)	ne remains described aboral causes X. Accident [, Inquiry, and in my ermined manner DATE SIGNED 3-25-59
220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Cremation 3/30/1959 23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Hor	Cedar Hill C ADDRESS Hagerstown, Mo	CREMATORY 22d. LOCATION (Cily, lown, washington, 24c. REC'D BY REGISTRAR 24b. REG	or county) (Stole) D.C. ISTRAR'S SIGNATURE Frihum S. Kraus

MERKAND STREET DEPARTMENT OF HEALTH-RANDONS OF LICENSE OF LICENSE OF LICENSE OF DEPARTMENTS OF STREET, STREET,

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Havertham, M.

	3630		CERTIF	ICA	TE OF DEATH		IIMOKE, I	Reg. Dist.	-	646
1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLA	ND	2. USUAL RESIDENCE (WHO O. STATE Maryla	ere decessed	lived. If institution b. COUNTY	Washi	before odmi	ssion)
Hagersto	WIL		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o		ote limits, write RI	JRAL and giv		
. OR INSTITUTION	n County H				/ d. STREET ADDRESS Harpers	Ferr	y RFD #	1.	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Roger		Middle Lee		Price	4. DATE OF DEATH	Marc		Day	Yeor 19 59
Male Male	White	VIDOWE			Jan. 18 19	57	9. AGE (In years last birthday) 2 yrs.		YEAR IF UND	DER 24 HPS.
None	ION (Give kind of work do rking life, even if retired)		None	INDUS	TRY 11. BIRTHPLACE (Stote Hagersto			U.S.	S. A	T COUNTRY
	rvey Jeffe						Miller			
15. WAS DECEASED EV	TER IN U. S. ARMED FORCE	(e)	social security no.		·. Harvey J	. Pri	ce Har	pers RFD	Ferry	7
	the under-			ne	umonitis -	Prob	. Staph		INTERVAL B ONSET AND 2 da	DEATH
Vir	al infecti	on a	and pneumo	ni	NOT RELATED TO THE TERMIN tis in ear] . (Enter noture of injury in P	y Man	rch, 19		PERFO	AUTOPSY ORMED?
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year	While	JURY OCCURRED 20 Not while of work	e. PLA fact	CE OF INJURY (Home, form, ary, street, affice bldg., etc.	20f. (City	or town)	(Cou	enty)	(State)
	hat I attended the dirch 21 Walter F	12.5		eath		PM, from	the causes of	nd on the	date stat	
Burial, CREMATIC Burial	ON, 226. DATE THEREOF March 23-	-59	22c. NAME OF CEMETER Mt. View	_	crematory netery		ON (City, town, or	county) Md.	(Stat	te)
23 PUNERAL DIRECTO	Signature 20	elle	anaport.	7		BY REGISTR	0	Chun S. +		

VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3671

CERTIFICATE OF DEATH

_										wag. Die		
1.	PLACE OF DEATH	Hancock	Md	MARYL		2. USUAL RESIDENCE o. STATE			b. COUNTY	: Residence	e befare a	idmission)
-	Hancock						dgely		Va			4
	RURAL and give	(If outside carporate liminearest town)		c. LENGTH OF STAY II		c. CITY OR TOWN					ive negresi	lown)
L.	Hance	ock Maryla	and.	16 Mont	ths	R.F.D.#	I Rid	gely	r, W. Va	· X	5 X	-3
	d. NAME OF HOSP OR INSTITUTION					d. STREET ADDRES	SS				(S RESIDENCE ON A FARM?
		Hancock R		Home							- ''	ES NO NO
3.	NAME OF DECEASED (Type or print)	rs. Helli		Middle		Lost	4. DAT OF DEA		Manth Mar		Day 29	Year 1959
5.	SEX			NEVER MARRIED	8.	DATE OF BIRTH		9. A	GE (In years	F UNDER	YEAR IF	UNDER 24 HRS.
	Fem	hite	WIDOWI		_	aug 9	74	la	84 yrs.	Months	Days H	ours Min.
10	a. USUAL OCCUPAT	ION (Give kind af work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (S	state or foreig	n country)	12. CITI	ZEN OF V	VHAT COUNTRY?
	Louse W		'			lant	tinsbu	ייירו	W Va	1	TT C	Λ
13	FATHER'S NAME	. /				14. MOTHER'S MAID		1 5	W Va		0.5	H
	T - 1 CO	Thomasoto										
-	John C.	Hansrote	ercola		127 101	ORMANT	ra I	Reed				
彩	es, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s			IZ. INI	OKMANI			Addre	22		
	No			No	Co	oies from	m E H	Pre	snell	Repo	ort	Enflerin
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]							INTERV	AL RETWEEN
		ATH WAS CAUSED BY:		Tutesti	-	-0 ac	stru	. Le	· ·		ONSET	AND DEATH
	5701	IMMEDIATE CAUSE (d			766						/	6 hrs
	0 10	DUE TO	1			1						
	Conditions, if			0-1-5			2 2 44					
	gove rise to cause (a), stating)			11	- 0					J
	lying couse lost		:)(:								1500	
Z	PART II. O'	THER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE T	ERMINAL DISE	ASE CO	NDITION GIVE	N IN PART	1(a) 19. V	WAS AUTOPSY
ΥŽ		10/2		2 . '	6	Def		,				PERFORMED?
FIC	200 ACCIDENT VA			CRIBE HOW INJURY OC	CHIBDED	Italia satura at injur	u in Part I or	Phys II at	item 18 1		- 10	3 HO F
L CERTIFICATION		VAS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 013	CRIBE HOW HOOK! OC	CORRED.	(core norde di injui	/ 111 7011 701	9 11 11 GI	nen io.j			
S	20c. TIME OF INJU		ar 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home,	farm, 20f. (City or to	wn)	(0	ounty)	(State)
MEDICAL	Hour o. jr.		While at wor	k ot work	facto	ry, street, affice bldg.	, etc.)					
2				2	10	1 170	92	100	1 ~			
	21. I certify t	that I attended the	10		I	, 19 <u>2</u> 7, to_						the deceased
	alive an	3/25	, 12	Z,, and that	death o	occurred at 6	AM, fi	am the	e causes ar	d an th	e date	stated above
		1100	00				ADDRESS	(Street,	city or town, s	late)		DATE SIGNED
	ACTUAL	46 100	U-le	_		o. Hanco	ole Mos	277	n d			
	SIGNATURE					.bIIALIGO	AN THE	وعديها				
	PHYSICIAN'S NAME (Type)	I.E. Tabler				Hance	ock Ma	aryl	and.			
22		ON, 22b. DATE THEREC)F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LO	CATION	(City, town, or	county)		(Stote)
	REMOVAL (Specifi			Davis Me	mor	ial Cem			rland			
22	BUTTAL.	P'S SIGNATURE									NATURE	
13	T	Scarpell	i Cu	umberland,	Md.		REC'D BY REC		24b. REGIST			
						DATE	APR 1	150	1 Ch	Thur &	Thats	

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VS A1S (4) 15M 9/SS M

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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3642

CERTIFICATE OF DEATH

Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY	SHINGTON		MARYLAND		DENCE (WHARYL		lived. If institution b. COUNTY	WASHI	oefore odn	nission)
	If outside corporate limit	s, write	c. LENGTH OF STAY IN 15		TOWN (IF .		ate limits, write RL	JRAL and give	neorest to	awn)
WASHINGI	FAL (If not in hospital, gion COUNTY		A	d. STREET / 312		TOMAC	ST.		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	HANNAH	19	MARIE	RHOAD		4. DATE OF DEATH	MARCE		Doy 18	Year 19 59
s. sex FEMALE	6. COLOR OR RACE WHITE	7. MARR	ED DIVORCED	8. DATE OF BIRT	н 25/ 1 9	009	9. AGE (In years last birthdoy) 49 yrs.	Months Do	EAR IF UN	IDER 24 HRS.
JEWELEF 13. FATHER'S NAME	king life, even if retired)	I	KIND OF BUSINESS OR INDU RETAIL STORE	MAI	RYLAN	ID NAME	unity)		S.	AT COUNTRY?
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 17.	MR. C.	ARLTO	N RHO		GERST	B.WN	
Conditions, If a gave rise to i cause (a), storing lying cause last. PART II. OTH	mmediate the under. DUE TO (c) HER SIGNIFICANT CONT	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	un	0	bemos		19. WA	S AUTOPSY FORMED?
20c. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	MEDICAL EXAMINER)	r 20d. It	Not while at work	ACE OF INJURY (ctory, street, office	Home, farm	, 20f. (City		(Cour	nty)	(Stote)
Olive on	at I attended the	decease , 19	To Buylo	occurred of	20	ADDRESS (Str	the causes of cost, city or town, s	nd on the	date sta	oted above.
220. BURIAL, CREMATIC REMOVAL SPECIFY		59	ROSE HIL				ON (City, tawn, of GERSTOW		MD.	tate)
23. FUNERAL DIRECTOR	s SIGNATURE	tige	ADDRESS .	wel.		D 8Y REGISTE R 2 3 '59		TRAR'S SIGNA		

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		MARYL	AND	STATE DEPARTM	VENT OF HEALTH	I-BAL	TIMORE, I	8		
¥		3672		CERTIFIC	ATE OF DEATH	1		Reg. Dist. N	io.	1365
	PLACE OF DEATH o. COUNTY	ASHINGTON		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere deceased	b. COUNTY	SHING!		nlssion)
	RURAL ond give ne		s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	200	rote limits, write RL	JRAL and give	nearest to	own)
	OR INSTITUTION	AL (If not in hospital, g		address)	d. STREET ADDRESS		c amprera	1		RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	AST MAPLE	-	Middle Middle	Lost	4. DATE OF DEATH	Mont	h	Day	Yeor
	SEX	6. COLOR OR RACE		SILAS	B. DATE OF BIRTH		last birthday)	9 1959 IF UNDER 1 YE Months Day	AR IF UN	
	during most of worki	WHITE N (Give kind of work of ng life, even if retired) OPERATOR	WIDOWE lone 10b.		JSTRY 11. BIRTHPLACE (Stote	REEK	ountry) WASH, CO	12. CITIZEN	_	
1S. (Ye	WAS DECEASED EVER	And the second second second	CES? 16.	SOCIAL SECURITY NO. 17.	JANE DOY	LE	75	"E MA	PLE	ST.
	NO LINE OF DEAL	TM [Enter only one co	usa nas lis	NONE MF	RS.ELIZABETH	RIDE	ENOUR FL	INKSTO	VN N	D. BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		Papillay	Carcusa	<u> en</u>	e of			ND DEATH
	Conditions, if on gove rise to in cause (a), stating t lying cause last.	mediate (Mod	der				2 7	ps.
CERTIFICATION	Poluce 200, ACCIDENT WA	SUNDERLYING I	gene	notive ant	T NOT RELATED TO THE TERMINE CONTROL OF STREET TO THE	Spui-	2_	EN IN PART 1(o	19. WA PER YES	RFORMED?
CAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY	CAUSE OF DEATH MEDICAL EXAMINER)	20d. It	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	. 20f. (City	or town)	(Caup	lv)	(State

factory, street, affice bldg., etc.)

Hour o. m.

21. I certify that I attended the deceased fram. May 15, 1957 to Mar 19, 1954, that I last saw the deceased alive an May 19, 1959, and that death accurred at 11 p. M. fram the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

DATE SIGNED

While at work Not while of work

ACTUAL

MARCH

W. Ditto 111 M.D.

217 W. Washington St. 3-21-59 Hagerstown, Md.

Edward 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY BOONSBORO CEME TERY 22d. LOCATION (City, town, or county)

BOONSBORO WASH.CO.MD.

DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

OMAR 2 6 '59

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requires that the death certificate be executed within 24 hours

attending physician and campletely filled in please remove carbon papers. Pages I am

CERTIFICATE OF DEPARTMENT OF HEALTH—BALTMORE, 18—

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3643

CEPTIFICATE OF DEATH

0010	CERTIFICA	AIL OF BEATT		Reg. Dist. Ne	202
n. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whee STATE	washin		ore admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside carporate limits, wri	ite RURAL and give ne	arest town)
Hagerstown	14 Yrs	Hagersto	wn		
d. NAME OF HOSPITAL (If not in hospitol, give street or Institution 635 George St	oddress)	d. STREET ADDRESS	ge St	D 88 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	last		Month D	ay Year
(Type or print) RUSSELL	JACK	RIFFEE	DEATH Marc		
5. SEX 6. COLOR OR RACE 7. MARR WIDOW		8. DATE OF BIRTH Aug 1 1908	9. AGE (In ye lost birthdo	ors IF UNDER 1 YEAR by) Months Doys yrs.	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Guard State Reformat			Shenando	00	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Floyd Riffee		Lucy V.	Larkin		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes no, or unknown) (II yes, give war or dates of service)		INFORMANT rs Violet I.		Address 35 George	e St
Canditians, if any, which gove rise to immediate couse (a), stating the underlying couse last.	ancer ele	ny (join	ang)	<u> </u>	ear hics
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o.m. 19 While of world	_ Not while fo	LACE OF INJURY (Home, form, sciency, street, office bldg., etc.)	20f. (City or town)	(County)	(Stole)
21. I certify that I attended the decease	ed from Pronou	ncadiodeado at	home , 19	,that I last s	ow the decease
olive an, 19_	, and that deat	h occurred at	M, fram the cause	es and an the do	ite stoted above
ACTUAL HONORE 7	Usel has	A CONTRACTOR	h Potomac	own, stote)	DATE SIGNE /30/59
PHYSICIAN'S Howard N. Wee	ks,M.D.	Hagersto	wn, Maryl	and	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, to	PP	(Stote)
Burial 4/1/59	Rest Haven	TV TV	BY REGISTRAR 24b. R	Wash, C	o Md.
Andrew K. Coffman Hag		DATE ADA	100	El al	

	E) ASG BD BI	, sas	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 3674

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	00							wall biel.	110.	
1. PLACE OF DEATH COUNTY WASHING	TON		MARY	LAND	2. USUAL RESIDENCE o. STATE MARYLANI		b. COUNTY	on, Residence b		dssion)
b. CITY OR TOWN RURAL and give i	(If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write R	URAL ond give	nearest to	wn)
BOONSE			30 YEAR	S	X BOONS	BORO				
d. NAME OF HOSP OR INSTITUTION NORTH			oddress)		d. STREET ADDRESS		N STREET	n	ON	ESIDENCE A FARM?
3. NAME OF	Fir		Middle		lost	4. DATE	Mor	th.	Day	Yeor
(Type or print)	ANN		M.		ROHRER	OF	MARCH 3		Day	19
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Do		7
FEMALE	WHITE	WIDOW	ED DIVORCE	0 🗆	AUGUST 1	1875	83 yrs.	Months Do	ys Hour	Min.
HOUSE W	ION (Give kind of work or in the control of the con)	WN HOME	R INDU	STRY 11. BIRTHPLACE (S	draw or foreign GROVE	WASH.C			AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME				
G	EORGE SHI	FLEF	2		ELIZA	BETH	HUFFER			
(Yes, no or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT		Add	ress		
NO	NONE		NONE	M	RS, ALBERT	SHANK	BOONSBO	ORO MD	•	
Conditions, if a gave rise to cause (a), stating lying cause last.	g the <u>under-</u> DUE TO)			arterio s a disea				ONSET AN	
CATIC	THER SIGNIFICANT CON							'EN IN PART 1(a	PERI	S AUTOPSY FORMED?
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRE	D. (Enter noture of injury	in Part I ar Pa	rt II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	10	20d. II While at war	NJURY OCCURRED Nat while t of wark	20e. Pl. fo	ACE OF INJURY (Home, clary, street, affice bldg.,	form, 20f. (Cit	y or town)	(Cavi	nty)	(State)
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the February Technology	deceas ., 19. mer	59, and that		, 19.5.7, to accurred at	M, fra		and on the	date sta	
220. BURIAL, CREMATION REMOTE AUTOPOLO		195	9 BOONSB		CEMETERY		SBORO WA	or county)		late)
23. FUNERAL DIRECTOR	R'S SIGNATURE	R	ADDRESS	00	DAI	MAR 1 1		strar's signation 2. At		

TO FUNERAL VS A15 (4) 15M 9/55

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MEST LINES AND TO	HYAEG TO STA	76 CERTIFIC	
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Pages 1 and

after death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR TO FUNERAL

VS A15 (4) 1SM 10/57

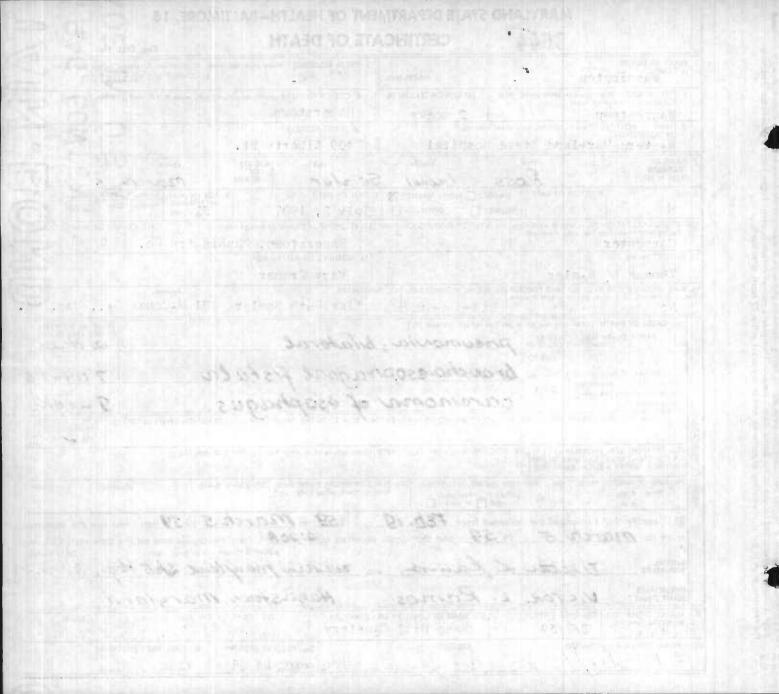
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3644

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Washin	gton	MARY	Z. USUAL o. STAT	RESIDENCE (When	re deceased live	d. If instituti b. COUNTY	Washin	gton	nission)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits, secrest town)	c. LENGTH OF STAY	2 42	OR TOWN (If our	tside corporate l	imits, write R	URAL ond give	nearest to	own)
OR INSTITUTION	TAL (If not in hospital, give	street oddress)	d. STR	EET ADDRESS	- CA				ESIDENCE A FARM?
	Maryland Sta	te Hospital	40	Liberty	y St.			YES	□ NO D
3. NAME OF DECEASED (Type or print)	First	Middle SS (none.		lost	4. DATE OF DEATH	Mon	1.	Day	Yeor 19 <i>59</i>
5. SEX	7.7	MARRIED NEVER MARRI			9. At los	GE (In years st birthdoy) 51 yrs.	Months Do		
Carpente	ON (Give kind of work don king life, even if retired)	10b. KIND OF BUSINESS C	OR INDUSTRY 11. BII		r foreign country)	0 11	N OF WH	AT COUNTRY?
13. FATHER'S NAME			14. MOTI	HER'S MAIDEN NA	ME				
Thomas L	Semler		M:	ary Crame	er				
	R IN U. S. ARMED FORCES (If yes, give war or dates of service			s Ruth Se	emler. 1	Add		+ H	lag. Md.
ICATIO	the under DUE TO (c) HER SIGNIFICANT CONDIT	browshoes Curcinon ons contributing to de	sophage var of cathe	250 place	IAL DISEASE CON	NDITION GIV	EN IN PART 1(4	PER	eeks eeks
OR CONTRIBUTING	AS UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter not	ure of injury in Po	ort I or Port II of	item, 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	20	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJU factory, street,	JRY (Home, form, office bldg., efc.)	20f. (City or to	wn)	(Cour	nty)	(Stote)
21, I certify the alive an	at I attended the de arch 5, Thicks Victor		death accurred		M, from the DDRESS (Street, or Mary la	city or town,	nd an the	date sta	
220. BURIAL, CREMATIO BREMOVAL (Specify)	3/7/59	Rose Hi	etery or cremator 11 Cemeter		12 GE12	(City, town, o	n Was	in Co	(ote) MI
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	ston m	240. REC'D	BY REGISTRAR 1 1 '59		TRAR'S SIGNA		



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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3645	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF o. COUNT		gton		MAR	YLAND 2	o. STATE	ENCE (WH	nere deceased nd	b. COUNT	Y			
RURAL	R TOWN (If outside count give nearest town		write	c. LENGTH OF STAY	IN 1b						•	resi lowr	1)
OR INS	OF HOSPITAL (If not intuition Course					d. STREET A	-			416		ON A	FARM?
3. NAME OF DECEASED (Type or p		First RL	133	Middle HARRY		SHANT	-	4. DATE OF DEATH			Do 29		r'o
s. sex	The second second		MARRIE	D NEVER MARRI		ptembe	-	1882	last birthday)	Months	Doys Doys	Hours	Min.
auring m	OCCUPATION (Give kings) of working life, even Laberer	ind of work do ren if retired)	-	al Compan				100					COUNTRY?
13. FATHER'S	NAME				1	4. MOTHER'S	MAIDEN	AME					
	George Sh	antz				В	essie	Line	augh				
1s. WAS DEC (Yes. no. or unkn	EASED EVER IN U. S.	ARMED FORCE or or dates of servi	cal	3-16-145		RMANT			Ad		Md.		
Condit gove of course (c lying co	ions, if ony, which rise to immediate by, staling the under- puse last. ANT II. OTHER SCOTIFF CIDENT WAS UNDERL' TRIBUTING CAUSE R, NOTIFY MEDICAL E	DUE TO (b)_ DUE TO (c)_ ICANT CONDIT AUTO OF DEATH EXAMINER)	ons	INTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAR		9. WAS	AUTOPSY PRMED?
	OF INJURY Month, or o. m. p. m.	Day, Year	While	URY OCCURRED Not while at work	20e. PLACE factory	OF INJURY (I	lome, form bldg., etc.	20f. (City	or lown)	(1	County)		(Stofe)
21. I co alive a ACTUAL SIGNATU PHYSICIA NAME (T	N'S D. De	4 29	195°	2_,_, and that	death ac	curred at.	8 A	_M, fram ADDRESS (Str	the causes	and an t	last so he dat	e state	ed abave.
220. BURIAL, REMOVA	CREMATION, 22b. D. L (Specify)	ATE THEREOF		22c. NAME OF CEM				-	orporote limits, write RURAL and give nearest lown) RERITAL Sharpsburg e. IS RESIDENCE ON A FARM? YES NO P NO P P. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Of yrs It. Warch P. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Of yrs It. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSE! AND DEATH ONSE! AND DEATH ONSE! AND DEATH				
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3646

CERTIFICATE OF DEATH

				Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	O STATE	I COMMITTE	on: Residence before admission) Washington
b. CITY OR TOWN (If autside carporote limits, w RURAL and give nearest tawn) Hagerstown	c. LENGTH OF STAY IN 16 8 months			URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION 533 Brown Ave	Drote limits, write C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give neare outside of service outside outside outside outside outside outside limits, write RURAL and give neare outside limits, write RURAL and give neare outside limits, write RURAL and give neare outside outsi	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print) PAULA	Middle	The state of the s	OF	The state of the s
			lost birthday)	Moeths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) NORE	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME				
Martin M. Shea			et Scully	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas no. or unknown) (If yes, give wor or dates of service)	1			
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last. (b)	Carly Berth 9	trains noting	, , , a rocular,	8 months
200. ACCIDENT WAS UNDERLYING TI 20b.				VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
20c. TIME OF INJURY Manth, Day, Year 2 Haur o. m.	20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
21. I certify that I attended the decalive on 3-75. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FO HM T	ceased fram Dec	occurred at 4:36 M.D. 302N	M, from the causes of ADDRESS (Street, city or town, FOTOMAL S	
220. BURIAL, CREMATION, REMOVAL (Specify) 3/28/1959	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, of Youngstown,	or county) (Stole)
Suter-Rouzer Funeral He	ome Hagerstown. M	24o. REC'D	220150 -	STRAR'S SIGNATURE

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03658

Reg. Dist. No.

	o. COUNTY Washington	MARYLAND 0. STAT	Penna.	6 COUNTY	k Co.
/	b. CITY OR TOWN It outside corporate limits, write RURAL ond give nearest town]	1 20	OR TOWN (If outside corpore	orus Twp.	ive nearest town) $\sqrt{5}$ X - 3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give a Brooklane Mental Rospital		o. # 1 Sprin	ıg Grove	e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Adam B	01-	4. DATE OF DEATH	Month March 24	Doy Yeor 1959
	W-1- White	VER MARRIED 8. DATE OF B	and the state of t	lost hirthdood	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Farm O	wner Yo	ck Co. Penna	77	N OF WHAT COUNTRY
1	13. FATHER'S NAME		R'S MAIDEN NAME		
	Jacob J. Shearer	CURITY NO. 17 INFORMANT	isan Brillha	Address R. D	# 1
	[Yes, no, es unknown] [If yes, give war or dates at tervice) 170-24	-1742 Jaco	I-a She	Spring	Grove, Pa
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)	focation by dro	wning		INTERVAL BETWEEN ONSET AND DEATH
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION Mentally Ill	IG TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED? YES NO [X]
	RIMARY Or CONTRIBUTING Drowned	self in brook n			al
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OC. Hour 26% N Mar . 2419 59 of work of w	CURRED 20e. PLACE OF INJUR foctory, street, of Brook	fice blde etc.)	l Leitersburg	Wash Md
	21. I certify that I taak charge of the remains	described abave, held	an Autapsy [], Insp	pectian X, Inquiry	, and in my
	opinion death resulted fram: Natural causes [ACTUAL SIGNATURE S. Police + 109	elly M.D. CHIE	ide , Hamicide , F MEDICAL EXAMINER STANT MEDICAL EXAMINER		DATE SIGNED
	EXAMINER'S S. Robert Wells, M.	D.	TY MEDICAL EXAMINER	_	ar. 24'59
	REMOVAL (Specify)	e of CEMETERY OR CREMATORY		N (City, town, or county) us, York Co.	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDR		240. REC'D BY REGISTRAF	246. REGISTRAR'S SIGNA	ATURE

			Personal Contract	
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	Contract was party			
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MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTIMO)RE, 18	000000
1. PLACE OF DEATH Reg. Dist. No. 1. STATINGTON (If outside corporate limits, write 2. USUAL RESIDENCE [Where decoused lived. If institution. Residence before admission] 2. USUAL RESIDENCE [Where decoused lived. If institution. Residence before admission] 2. USUAL RESIDENCE [Where decoused lived. If institution. Residence before admission] 2. USUAL RESIDENCE [Where decoused lived. If institution. Residence 2. USUAL RESIDENCE Residence 2. USUAL RESIDENCE Residence 3. Institution. 3					
1. PLACE OF DEATH O. COUNTWashington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived.	If institution: Resi COUNTY	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ashington b. County ashingto					
PLACE OF DEATH O. COUNTY Washington MARYLAND D. CITY OR TOWN (If outside corporate limits, write a plant town) HARGERS TOWN HARGERS TOWN A. STREET ADDRESS MARYLAND D. CITY OR TOWN (If outside corporate limits, write a plant town) HARGERS TOWN A. STREET ADDRESS MARYLAND D. CITY OR TOWN (If outside corporate limits, write a plant town) HARGERS TOWN A. STREET ADDRESS A. STREET ADDRESS D. CITY OR TOWN (If outside corporate limits, write all plant town) HARGERS TOWN A. STREET ADDRESS D. CITY OR TOWN (If outside corporate limits, write all plant town) HARGERS TOWN A. STREET ADDRESS D. CITY OR TOWN (If outside corporate limits, write all plant town) HARGERS TOWN A. STREET ADDRESS D. CITY OR TOWN (If outside corporate limits, write all plant town) HARGERS TOWN A. STREET ADDRESS D. CITY OR TOWN (If outside corporate limits, write all plant town) HARGERS TOWN A. STREET ADDRESS D. CITY OR TOWN (If outside corporate limits, write all plant town) HARGERS TOWN A. STREET ADDRESS A. STREET ADDRESS D. CALL D. D. C.					
PLACE OF DEATH COUNTWING TOWN If contide corporate limit, write and successful town of the continuous					
Male White WIDOWE	DIVORCED [5-13-75	183	(In years if UNE Month yrs.	
Laborer get	_	Waynesi	oro Pa		
	eler	14. MOTHER'S MAIDEN		bert	(Maiden)
(Yes, no, or unknown) . (If yes give war or dates of service)			Sheeler		sburg Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-	Left Her Left Her	cleros	is.		
PART II. OTHER SIGNIFICANT CONDITIONS CO					PERFORMED?
	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, fare	m. 20f. (City or town		(County) (Stote)
21. I certify that I attended the decease alive on 3. 19.3 ACTUAL SIGNATURE ROBERT V. CAMPHYSICIAN'S NAME (Type) ROBERT V. CAMPHYSICIAN'S NAME (Type) ROBERT V. CAMPHYSICIAN'S NAME (Type) ROBERT V. CAMPHYSICIAN'S ROBERT V	and that death and the death and the death and the death appell 22c. NAME OF CEMETERY OF	57, 19 , to occurred at 12.30 M.D. 145 Ha get	M, from the cappress (Street, cin W. Wash)	causes and on or lown, state) ington	the date stated abov
REGITATION 3-19-59 23. FUNERAL DIRECTOR'S SIGNATURE	Rose Hil	1 Cemetery	Hager	stown	Md.
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

3648 CERTIFICATE OF DEATH

								Meg. D	131. 140.		
1. PLACE OF DEATH a. COUNTY	Washington	1	MARYLAND	2. USUAL RESI	Md.	ere deceased	lived. If institut b. COUNTY		nce befor		ion)
b. CITY OR TOWN (RURAL and give n Hagers		s, write	c. LENGTH OF STAY IN 16		TOWN (If a		ale limils, write f	RURAL and	give nea	rest lawn	1)
OR INSTITUTION	TAL (If not in hospitol, gi ak Hill Ave.		address)	d. STREET A		Hill	Ave.,				FARM?
3. NAME OF DECEASED (Type ar print)	Firs Siddi		Middle F	Shupp	SI .	4. DATE OF DEATH	Mai		16 Day		Year 19 5 9
female		7. MARRI	D IVORCED	8. DATE OF BIRT			9. AGE (In years last birthday) 83 yrs.	Months Months	Days	Haurs Haurs	Min.
home (ON (Give kind af wark d king life, even if retired) luties	ane 10b.	kind of Business or Indi	Win	nchest	er, Va			USA	WHATC	OUNTRY
13. FATHER'S NAME ISE	ac H. Faull	mer		14. MOTHER'S		Seever	îs.				
1S. WAS DECEASED EVE (Yes. no, or unknown)	R IN U. S. ARMED FORC (If yes, give war or dates of se	CES? 16. S		informant rank F.	Shupp	Hage	erstown,				
PART I. DEA		se per lin	(oronary o	cclusion tic hear	T di	sease			ONS	RVAL BE ET AND Adde	
gove rise to i cause (a), stating lying couse last.	The under- DUE TO (c)			TANGE BELIATED TO		ALL DISCLES	COMPITION	45.4 10.4 10.4	1	0 14/40	ALITORCY
200. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH		CONTRIBUTING TO DEATH BUT OF THE RESERVENCE OF THE PROPERTY OF	al vin	s in	petro	u_	VEN IN PA	K1 1(0) 1	PERFO	RMED?
	MEDICAL EXAMINER) RY Manth, Day, Yea	r 20d. IN While at wark	_ Not while f	LACE OF INJURY (actary, street, affic			ar town)		(Caunty)		(State
21. I certify the alive an	nat I attended the	decease _, 19_\$	-0	3 , 19.59 h accurred at M.D. 145	2 8	Talanta and	he causes ar	nd an th			
PHYSICIAN'S NAME (Type)	R.S. STA	UFF	ER		ageraj	town	md				
22a. BURIAL, CREMATIC REMOVAL (Specify) burial	3-19-59	F	22c. NAME OF CEMETERY (0		ON (City, lawn, gerstown			(Stote	
23. FUNERAL DIRECTOR Fred W. Kra		ersto	ADDRESS wn, Md.			AR 1 9 1		STRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3649

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND b. COUNTY WASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 116 GREENBERRY RD. 116 GREENBERRY RD. YES NO T NAME OF First Middle 4. DATE Year DECEASED OF DEATH ESTELLA SINNISEN MARCH LULA (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lost birthday) Months Days Ham Ham B. DATE OF BIRTH Months Dovs Hours FEMALE WHITE WIDOWED A DIVORCED T 7 9yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWIFE HOME MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE A. SUMMER CAROLINE KING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE MRS. MILDRED HOUSER 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part If of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work of wark March 20, 1959, that I last saw the deceased 21. I certify that I attended the deceased from. ____, and that death occurred at 12:20PM, from the causes and on the date stated above. alive on March ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 148 West Washington St. PHYSICIAN'S Kneis Hagerstown, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) HAGERSTOWN ROSE HILL MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 2 4 '59 arthur & Through

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CERTIFICATE OF DEATH 3650 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Washington MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Hagerstown l day Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Wash. County Hospital 4 East 4th St. YES NO TO NAME OF Middle 4. DATE Manth Day Year DECEASED March Debona Ann Smith 19 59 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Darlene Virginia Marshall Robert James Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN paratin Placentas PART I. DEATH WAS CAUSED BY: 161.5 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) 0. 11. Not while of work of work 21. I certify that I attended the deceased fram. March 8, 19 59, to March 8 __, and that death occurred at 12:53 M, fram the causes and an the date stated above. glive on Manch ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 318 N. Pot. St., Hagerstown. PHYSICIAN'S Paul Harrison, M.D. NAME (Type) FUNER 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Wash. Co. Hespital Hagerstown. Md. 9 Cremation 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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3676

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Washin	gton		MARYI	LAND	2. USUAL RESIDER	-	re deceased	lived. If instituti b. COUNTY	washi	ngto	mission)
b. CITY OR TOWN I RURAL ond give of Boonesbor		ts, write c.	two wee		K c. CITY OR TO			ote limits, write R	URAL and gi	ve nearest (lawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol,			21,65	d. STREET ADD	RESS		3		0	RESIDENCE N A FARM?
Reeder Nu	rsing Hor	10		<u> </u>	Timber	nld	ge no	08.0		TES	NO DX
3. NAME OF DECEASED (Type or print)	Harry		Middle C		Snyder		4. DATE OF DEATH	Marc		Doy 3	Year 19 59
Male	White	7. MARRIED	DIVORCED		larch 24	1.188	_	9. AGE (In years last by thday) 76 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
100. USUAL OCCUPATION during most of wor	ON (Give kind of work rking life, even if retired	1	of Business of	R INDUST		E (Stole a	r foreign co	100	12. CITIZ	USA	HAT COUNTR
3. FATHER'S NAME	-			0 - 10	14. MOTHER'S M						
Tolon H	Coura and				Moss	- D	McCa				
John H.		crea la co		1.72 1011		-	FIGUE		100 5 -		3 3
(Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of	ervice)	-09-7859		es.Els1	s Sha	arer	547 We Hager	**W1ls		
Conditions, if a gove rise to couse (o), stoting lying cause lost.	the under-)	V								
PART II. OT	THER SIGNIFICANT COM	IDITIONS <u>CON</u>	TRIBUTING TO DEA	ATH BUT N	OT RELATED TO TI	HE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
20a. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCRIB	BE HOW INJURY OF	CCURRED.	(Enter nature of in	njury in Pa	art I or Port	II of item 18.)			
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Day, Ye	ar 20d. INJU While of work	Not while		E OF INJURY (Ho ory, street, affice b		20f. (City	ar town)	(Co	ounty)	(State)
21. I certify the alive an III.	hat I attended the	deceased , 1917			occurred of	158	M, from	/	and an the		he decease tated abay DATE SIGNI
ACTUAL SIGNATURE	Jak	1/20	4	М	.D	100	The	clon	/		4/59
PHYSICIAN'S NAME (Type)	ON, 22b. DATE THERE	Le VI	Ch	To brown			21.106.7	med			
Burial Specify	3/7/59	D	one Bri unkard	Chur	ch Ceme	eter		ion (City, town, chard R		Road	Wash Md
3. FUNERAL-DIRECTOR	S SIGNATURE	120.	ADDRESS ELLCHMAN	Ento	11101	4a. REC'D	BY REGIST		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TE OF DEATH	CERTIFICA	7.4.	
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uneral director,

completely filled in by ATTENDING received the physician.

We have the hospital or attending physician and IOR. After this certificate has been signed by the attending physician and detached for use as the burial-transit permit. Then please remove carbon the detached for use as the burial-transit permit. may be retained by the hospital ar attending physician.

TO FUNERAL DR 10R: After this certificate has been signage 3 should be detached for use as the burial-transit the registrar prior to burial, crematian, ar remayal, and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR VS A15 (4) 15M 10/57

	000		CERTIFIC	AIE OF DEAL	Н	1	Reg. Dist. N	10. 302	3
1. PLACE OF DEATH o. COUNTY Washi	ngton		MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland			: Residence be		
	(If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II				nearest town	1)
Hagers			23 Yrs	03 Hager	stown				
	ITAL (If not in haspital,	give street	address)	d. STREET ADDRESS				e. IS RES	IDENCE
10 So	Cannon Av	re		/ 10 So	Cannaon	Ave			PARM?
3. NAME OF DECEASED	Fir	rst	Middle	Lost	4. DATE	Month		Day	Year
(Type or print)	MARY		JANE	THOMAS	DEATH ME	rch 2	6 1959	9	19
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (in years III			
Female	White	WIDOWI	ED DIVORCED	Feby 7 18	78 8	birthdoy)	Months Days	s Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (SIO			12. CITIZEN	OF WHAT	COUNTR
Housewi	fe		Own Home	Hagersto	wn Wash.	Co	I	USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Willi	am Eader			Susan	Angle				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Addres	s		
No			None	John La Tho	mas 10 S	o Can	non A	ve	
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).	Hagerst	own lid.		1	TERVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY:	1	Acute brone	ho-pneumonia			01	NSET AND	hrs
1422.	DUE TO			neralized vas	cular arte	rioscl	erosis		111
Conditions, if	ony, which) (b	1	Arterioscle	rotic myocard	ial herat	diseas	е		
gave rise to cause (a), stating	immediate (,		ocerdial fail					
lying couse lost		:)							
PART II. O' PART II. O' 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	THER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN	I IN PART 1(a)	PERFO	AUTOPSY RMED?
	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	None	RED. (Enter noture of injury in	Port I or Port II of	item 18.)			
Y 20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. It While of wor	Not while	PLACE OF INJURY (Home, for factory, street, office bldg., e none	m. 20f. (City or too lc.)	vn)	(Count	y) _	(State)
21. I certify t	hat I attended the	deceas	ed fram Oct.	, 19. 38, ta	Mar. 26	56 59	that I last	saw the	decens
alive on	Mar. 26	, 19		th accurred at 2108	PM. from the	couses an	d an the d	ate state	ed abov
	000	~) . 00		ADDRESS (Street, c				ATE SIGNI
ACTUAL SIGNATURE	5, Totle	1	weeks	м.р. 11	5 N. Poto	mac Str	reet.	3-27	-59
PHYSICIAN'S NAME (Type)	S. Re	obert	Wells, M.D.		gerstown,				
22a. BURIAL, CREMATI	ON, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or	county)	(Stote	e)
Burial	3/28/59)	Rose Hill	Cemetery	Hagerst	own W	ash.	Co Mc	r
23. FUNERAL DIRECTO	R'S SIGNATURE	DI B	ADDRESS	24a. REG	D BY REGISTRAR	24b. REGISTR	RAR'S SIGNAT	URE	
Andra	V Cassun	II m		DAYS	MAR 3 1 '59	a	Knun & T.		

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR A may be retained b TO FUNERAL Die page 3 should b VS A15 (4) 15M 10/57

1. PLACE OF DEATH o. COUNTY	ngton		MARY	/LAND	2. USUAL RESIDENCE (W o. STATE Marylan		Washir		ce befor	e admiss	sion)
b. CITY OR TOWN RURAL ond give William	(If outside corporate limineorest town)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF		rote limits, write l	RURAL and g	give nea	rest towr	1)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g				d. STREET ADDRESS		ngton ,	t			FARM?
3. NAME OF DECEASED (Type or print)	JOHN		WILLIAM	_	RUMPOWER	4. DATE OF DEATH	March		959		Year 19
5. SEX Marle	6. COLOR OR RACE White	7. MARE	NEVER MARRI		B. DATE OF BIRTH May 3 1875		9 AGE (In years last birthdoy) 83 yrs.		1 YEAR Days	Hours	Min.
	TION (Give kind of work orking life, even if retired	done 10b.	Retire	R INDU	Clear Sp	0	Wash.	1. 12. CIT	US		COUNTR
13. FATHER'S NAME Peter	Trumpower				Malind		ffey				
	VER IN U. S. ARMED FOR	ervice)	3-34-978		nformant es Nora S.	Trump		dress 324W.	127 a	sh	St
PART 1. Di 44 44 2 × Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	HYF		HEM E A	Hagersto ORRHAGE WIT RTERIOSCEER ENAL DISEAS	TH HEN	MOPLEGI		ONS	JNKN	NOWN
CATIC		DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART	[1(o) 15	PERFC	AUTOPSY DRMED?
	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Yea	ar 20d. II While	NJURY OCCURRED Not while	20e. PL	D. (Enter noture of injury in ACE OF INJURY IHome, for ctory, street, office bldg., etc	m, 20f. (City		(0	County)		(Stote)
21. I certify alive on FE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the EB. 12 Civilia ARCHIE R	deceas , 19 OBER	ben Con		m.b	ADDRESS (SI	n the causes treet, city or town	ond on th	ne dot	e state	deceose ed obov ATE SIGNI
20. BURIAL, CREMATI REMOVAL (Specif Burial 23. FUNERAL DIRECTO	3/21/	59	St Pauls ADDRESS	-	emetery n			ring	SNATUR		TATO
Andrew K	. Coffman	Hac	10200	24.5	DATE M	AR 2 3 '5	9 0	Mur S.	Trans	A	

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	I	3653 _{tem}	ltems		IFICA	TE OF DEA	1mG241 \TH	4-0-05	Reg.	Dist, No.		3667
1. PLACE o. COI	OF DEATH UNITY	Work		MAI	RYLAND	2. USUAL RESIDENCE o. STATE	(Where decea	sed lived. If in	INITY	ence befor		
RUR	AL ond give n	questore	2/	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside cor		rite RURAL on	d give nea	rest tow	n)
OR	INSTITUTION	TAL (If not in hospitol, Warl.	give street	Horf),	d. STREET ADDRES	ss Jonath	an				SIDENCE A FARM?
3. NAME DECEA (Type	OF ASED or print)		_{im} ester	Midd	le	Tutt	4. DATE OF DEA1		Month 3	Do:	у	Year 195 9
5. SEX	n	6. COLOR OR RACE	7. MARE	RIED NEVER MARI	-	DATE OF BIRTH	Approx	9. AGE (In y last birthd	oy) Months	ER 1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USU durin	AL OCCUPATION of most of work	ON (Give kind of work king life, even if retire	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (S	State or foreign	country)	12. 0	ITIZEN O	F WHAT	COUNTRY
13. FATHE	R'S NAME				?	14. MOTHER'S MAID	PEN NAME					
15. WAS ! {Yes, no, or	DECEASED EVE	R IN U. S. ARMED FO Ilf yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY N	O. 17, IN	FORMANT			Address			
Car		the under-	(o) (preste	nol	Hens ve Cardi	Vase	ha que	Lless	INTE	RVAL BI	ETWEEN DEATH DEATH
CERTIFICATION OB C.						NOT RELATED TO THE T				ART 1(o) 19	PERFC	AUTOPSY DRMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. 523	CKIBE HOW INJUKT					.)			
	Haur a. ji. p. m.	RY Month, Day, Y	ear 20d. It While ot wor	NJURY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY (Home, ory, street, affice bldg.	form, 20f. (C , etc.)	ity or town)		(County)		(Stote)
ACTU SIGN. PHYS NAM	e an 2	nat I attended the May 21 Cofeel Robert	- 125 P. C			.b. /37	35 M, fro	om the cause (Street, city or to	es and on own, store)		e state	
REMO	OVAL Specify	22b. DATE THERE 3 1 2 4 1 S SIGNATURE	J4 P	ADDRESS	METERY OR	CREMATORY 24a.	REC'D BY REGI	STRAR 24b.	wn, or county REGISTRAR'S S Littling &	1 -	(Stat	e)

PARTYLAND STATE DEPARTMENT OF REALTH BALTIN-CICE.

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		Michigan Committee of

TO FUNERAL N

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3654

CERTIFICATE OF DEATH

03668 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE JWHO O. STATE Maryaar	ere deceased lived. 1d b.		esidence befor	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	own R#2	its, write RURAL	ond give nea	irest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Washington County Ho		d. STREET ADDRESS Hural				ON A FARM? YES NO TO
3. NAME OF First DECEASED (Type or print) FINALA	Middle	lost The Carlo	4. DATE OF DEATH	Month	Do	
LiminiA		WATKINS 8. DATE OF BIRTH Feb. 20, 1879	9. AGE	birthday) Mo		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	KIND OF BUSINESS OR INDUS	Fulton Co	ounty, Peni		2. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME Ephraim B. Lak	«e	14. MOTHER'S MAIDEN N. Mary	AME Jane Hari	r		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ya. no. or unknown) (If yas, give wor or doles of service)	70 07 0007	ot.E.Myers R#		Address stown, Mo	ł.	
443 X DUE TO	MASSIVE CEREI	BRAL HEMORR			INTE	RVAL BETWEEN ET AND DEATH 12 HRS
gave rise to immediate couse (a), stating the under-lying couse lost.	PERTENSIVE /	DISEASE				NKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS C	NONE NONE	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN II	N PART 1(a) 1	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	art I or Part II of ite	em 18.)		
ZOC. TIME OF INJURY Month, Day, Year 20d. In While p. m. 19 of world	k ot work	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)			(Caunty)	(State)
21. I certify that I attended the decease alive an MARCH 22 195 ACTUAL SIGNATURE Rule Park C	ohew,	w.D.	AMram the a	causes and	an the dat	the deceased the stated above DATE SIGNED
PHYSICIAN'S ARCHIE ROBER 220. BURIAL, CREMATION, 226. DATE THEREOF	T COHEN, M. [PRING, M	1D .		3/59
REMOVAL (Specify) Burial 3/24/59	Rest Haver	Cemetery	Hagerst	town	Mo	-
23. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chape.	ADDRESS 1 Inc. Hagerst			246. REGISTRAF	8. Kraus	RE

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3655

CERTIFICATE OF DEATH

03669 Rea. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (W	there decreased line	d 16 institution	- Paridance had	and addition
o. COUNTY Washington	MARYLAND	o. STATE Maryl		b. COUNTY	2.2	hington
b. CITY OR TOWN (If outside corporate limits, write c. LENGT	H OF STAY IN 16	c. CITY OR TOWN (If	autside carporate	limits, write RU		
RURAL ond give nearest town) Hagerstown 3	8 years	03 Hage	rstown			
d. NAME OF HOSPITAL (If not in hospital, give street oddress)		d. STREET ADDRESS				e. IS RESIDENCE
Washington County Hosp	ital	/ 816 La	nvale S	š±.		ON A FARM?
3. NAME OF First	Middle	Lost	4. DATE	Month		
OECEASED (Type or print) Maude Stella	Will	iamson	OF DEATH	Mar		9 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED	B. DATE OF BIRTH	9. A			R IF UNDER 24 HR
Female White WIDOWED	DIVORCED	Mar. 31, 1	869	89 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8	USINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	ar foreign countr	1)	12. CITIZEN	OF WHAT COUNT
during most of working life, even if retired) HOUSE WITE Own	Home	Bentonvi	lle Va.		· TT	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN				0, 21,
Joseph Matthews		Rac	hael Wa	ters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	CURITY NO. 17. IN	FORMANT		Addre	155	
(Yes, no, or unknown) (If yes, give wor or dates of service)	Ou	ven William	son E	agerst	t oum	Ma
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c)]					TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	O Date		H V. 16	1		SET AND DEATH
IMMEDIATE CAUSE (o) CALLON A	unuru	HOUNTE WE	u plenter	pullent.	alcon	4 year
334X DUE TO						0
Conditions, if any, which) (b)						
gave rise to immediate cause (a), stating the under:	The state of the s					
lying couse lost. (c)						
	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE Corvey Onterioshot	' Wash	Dune			91 - 1	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW	INJURY OCCURRED), (Enter noture of injury in	Port I or Port II o	item 18.)		ICO LI
206. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	TIPPED 200 PLA	CE OF INJURY (Home, for	206 (City 1		15	
Hour a. ft. While Not w		tary, street, affice bldg., et	c.)	awnj	(County) (Stote
₹ p. m. 19 at work at wa						
21. I certify that I attended the deceased fram.	2- 7	, 1957, to	5-9-	19.5	that I last s	aw the decea
alive on 3 - 7 19 5 9	and that death	occurred a 3:141	P. M. from th	e course or	ed on the de	te stated abo
			ADDRESS (Street,			DATE SIGN
SIGNATURE Salton M. W	elty	in 9	98 Poto			
PHYSICIAN'S Dalton Welty	7	H	agersto	wn 1	Ad.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAM	AE OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, or	county)	(State)
Bremovat (Specify) 3-11-59 Be	aptist C	emetery	_	entony		Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDR		240 BEC	D BY REGISTRAR		RAR'S SIGNATU	
Scott F. Minnich & Son Ha	ageratow	n Md	AR 1 1 '59		Chur S. Hr	

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funeral director, Uld be filed with

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L		3679		CERTIF	-ICA	AIE OF DEATH	H		Reg. Dist.	No. 30	2
1.	PLACE OF DEATH O. COUNTY Washir	ngton		MARYL	AND	2. USUAL RESIDENCE (WIND STATE Maryland	here deceased				
Ī	b. CITY OR TOWN (If RURAL and give nea	outside corporate limit	ls, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond give	nearest law	n)
	Hagerstov			40 Yrs	12-	X Hage:	rstow	n R # 2			
	d. NAME OF HOSPITA OR INSTITUTION Hopewel		ive street	oddress)		d. STREET ADDRESS Hopewell	Road			ON	SIDENCE A FARM?
3.	NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE	Mon	th	Day	Yeor
		OHN JA	COB	WINTER	MOY	ER	DEATH	March	10 198	59	19
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YI		
	Male	White	WIDOWI	DIVORCED		Dec. 5 1879	9	79 yrs.	Months Day		
10	during most of working Farmer	N (Give kind of work ong life, even if retired)	dane 10b.	Retired	INDU	Johnsonton			8. J2. CITIZE	USA	COUNTRY?
3	FATHER'S NAME			***************************************		14. MOTHER'S MAIDEN I					
	Char	les F. W	inte	rmover		Dorot	hv E.	Turner	p		
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. H	NFORMANT		Add			
(,	(es. no. or unknown) (II	yes, give war or dates of se	Hrvice]	None	C.	Fred Winte	ermov	er Hage	rstown	Md.	
-	18. CAUSE OF DEAT	H [Enter only one co	use per li	ne for (o), (b), and (c).]	-	R # 2	4			NTERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:							C	INSET AND	DEATH
	Conditions, if ongove rise to im couse (o), stoting the lying couse lost.	mediate (esterio	-12	durbo X/a	est.	Juston	>	37	ندر
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART 1(c	PERFO	AUTOPSY DRMED?
CERTIFI	OR CONTRIBUTING [UNDERLYING DATH	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in	Port I or Port	II of item 18.)			-
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of work	Not while	Oe. PL/	ACE OF INJURY (Home, form fory, street, office bldg., etc	20f. (City	or town)	(Cour	oly)	(State)
	21. I certify that alive an 3-	t I attended the	decease _, 19			accurred at The	M, from		ind an the	date stat	
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	FW-	77,	TIOS		M.D.	un	elim d	leg	3/10	159
22	o. BURIAL, CREMATION REMOVAL (Specify) Burial	22b. DATE THEREO	F	22c. NAME OF CEMET		R CREMATORY		ION (City, town, o		(Sto	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	V db d		D BY REGIST		STRAR'S SIGNA		o W. V
	Andrew K.	Coffman	n Ha	gerstown	Ma		R 1 3 '59		hur & the		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL D. TTOR: After this certificate has been signed by the attending physician and copage 3 shauld be detached for use as the burial-transit permit. Then please remove carban pather egistrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

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	THE WORLD					
		PINE SHIP				541
San		The control of				
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

03671

	31.00							Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	0000				2. USUAL RESIDENC	E (Where decea			ence before	admission)
	ashington		MARYL	AND		yland	b. CO		shing	ton
b. CITY OR TOWN (If o RURAL and give near	utside corporate limits,	write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	I (If outside corr	porate limits, w	rite RURAL one	d give neares	st town)
	cock Md		42 Yr:	s.	XRural	Hanco	ck Mar	vla no	d.	
d. NAME OF HOSPITAL	(If not in hospital, give	street o	ddress)		d. STREET ADDRE				e.	IS RESIDENCE ON A FARM?
	Home				Rura]	2 Har	ncock	Md.		TEST NO
3. NAME OF DECEASED	First		Middle		Lost	4. DATE		Month	Day	Yeor
(Type or print)	Cora	l.	May		Younke		Н	3	19	19 59
5. SEX	COLOR OR RACE 7.	MARRI	ED 🖾 NEVER MARRIEI	8.	DATE OF BIRTH		9. AGE (In lost birth		1	UNDER 24 HRS.
F	**	IDOWED			4.16.189		65	yrs. Months	Days H	lours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work don	ne 10b. K	IND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACE	State or foreign	country)	12. C	ITIZEN OF	WHAT COUNTRY
Housew		H	ousewife		Frankli	n Cour	ntv Pe	nnal	U.S	Λ
3. FATHER'S NAME				1	14. MOTHER'S MAIL				0.0	
Powel	Bivens				Jane	Paylo	יונ			
5. WAS DECEASED EVER I			OCIAL SECURITY NO.	17. INI	ORMANT	1 - 3	- 45	Address		
(Yes. no. or unknown) (III)	yes, give wor or dates of service	(e)	None	S	imon C Y	ounker	Rura	1 2 Hg	ancoc	k Md.
18. CAUSE OF DEATH	[Enter only one cause	per line	for (o), (b), and (c).]	12.17						AL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Hea	rt attack	7						AND DEATH
434	/ //									
Conditions, if ony,	which)									
gove rise to imm	rediote (
lying couse lost.	under-									
	SIGNIFICANT CONDIT	IONS CO	ONTRIBUTING TO DEA	TH RUT N	OT BELATED TO THE	FOMINIAL DISE	SE CONDITIO	AL CIVEN IN B	ADT 1/21 10 1	MAS AUTORSY
Acut	e Cholecy				v retent		ISE CONDITIO	N GIVEN IN FA		PERFORMED?
PART II. OTHER A C11 t 200. ACCIDENT WAS 1 OR CONTRIBUTION (IF EITHER, NOTIFY ME			RIBE HOW MUJURY OC				art II of item 1	B.)		
		204 151	JURY OCCURRED	On DIAC	E OF INJURY (Home,	form 206 (C				
20c. TIME OF INJURY Hour o. m. p. m.	10	While	Not while		ry, street, office bldg		ty or town)		(County)	(State)
21. I certify that	I attended the de	ecease	d-fromon Mal	r. 1	9, 19, 59, ta		19	that	I last saw	the deceased
alive an Marc	h 19. 195	99	, and that o							
	10-+	/	and mark	acum c	iccorred di		Street, city or		me dale	DATE SIGNED
ACTUAL SIGNATURE	1B / home	III a	mo	М.	. 121 Hig				c, Md	
PHYSICIAN'S NAME (Type) F'TA	nk B. Tho	mas	III MD							
20. BURIAL, CREMATION,	22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR	EXEMISTORY	22d. LOC	ATION (City, to	own, or county)	(Stote)
Burial	3.23.59)			e Brethe					ngton 1
3. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS			REC'D BY REGIS		REGISTRAR'S S		
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				Section 181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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